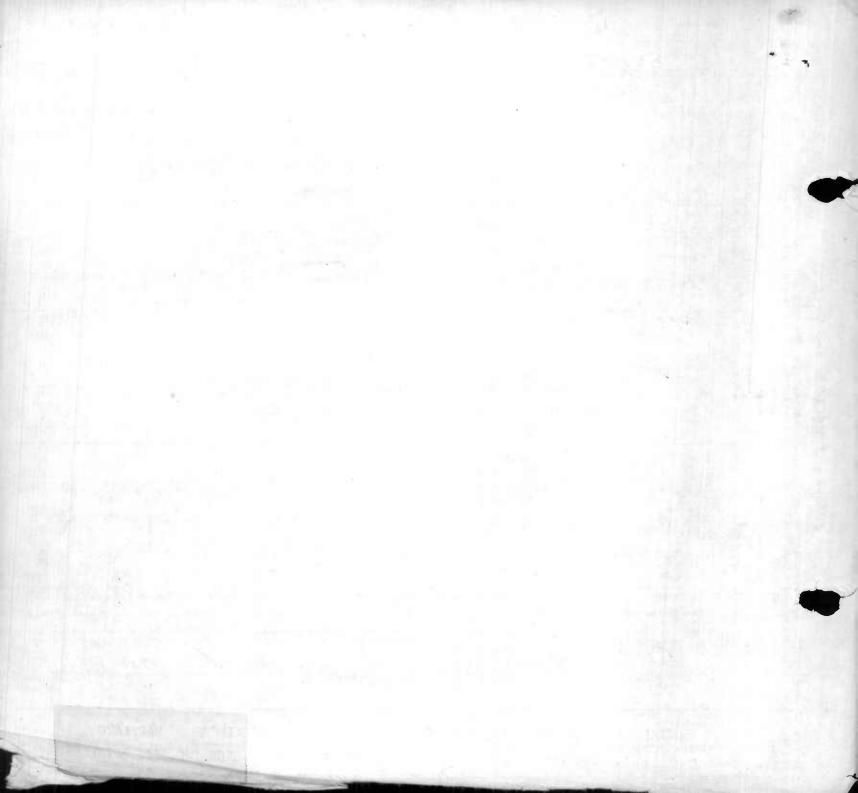


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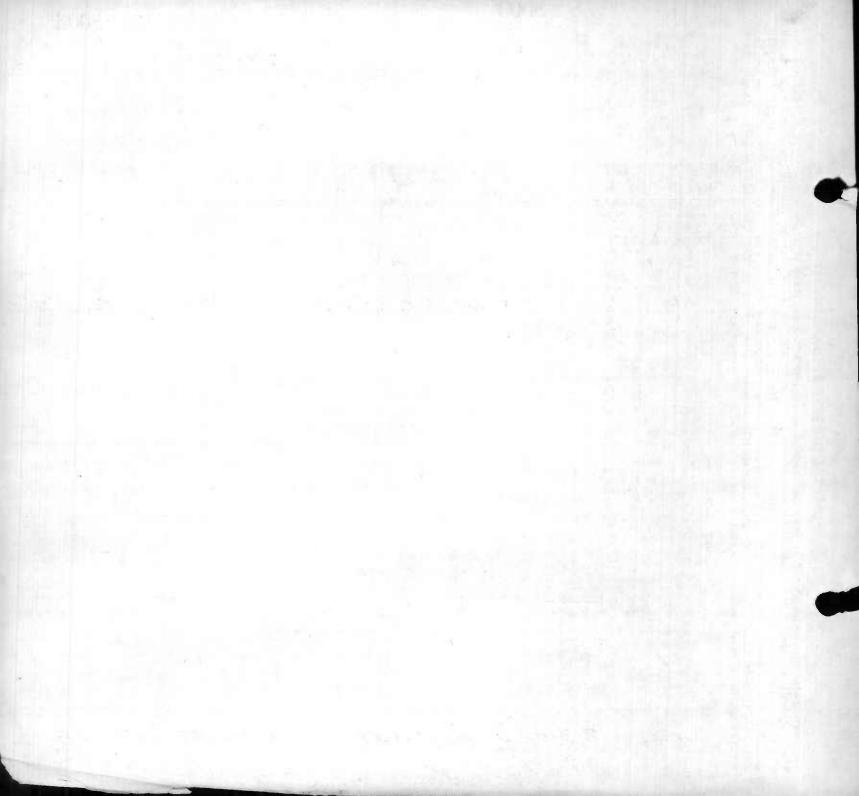


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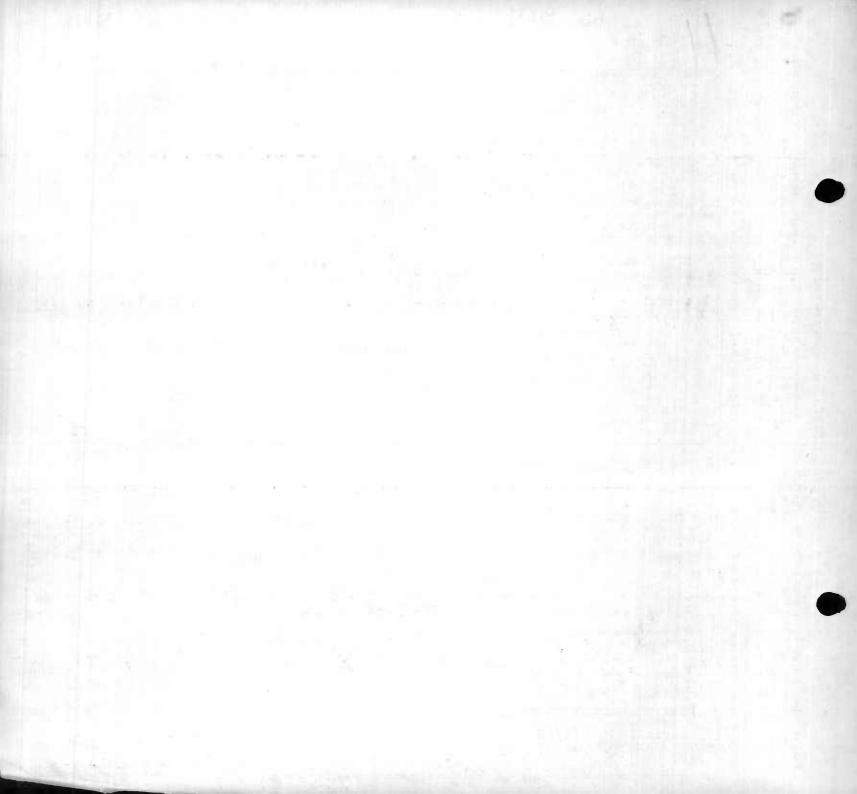
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BALTIMORE CITY HEALTH DEPARTMENT



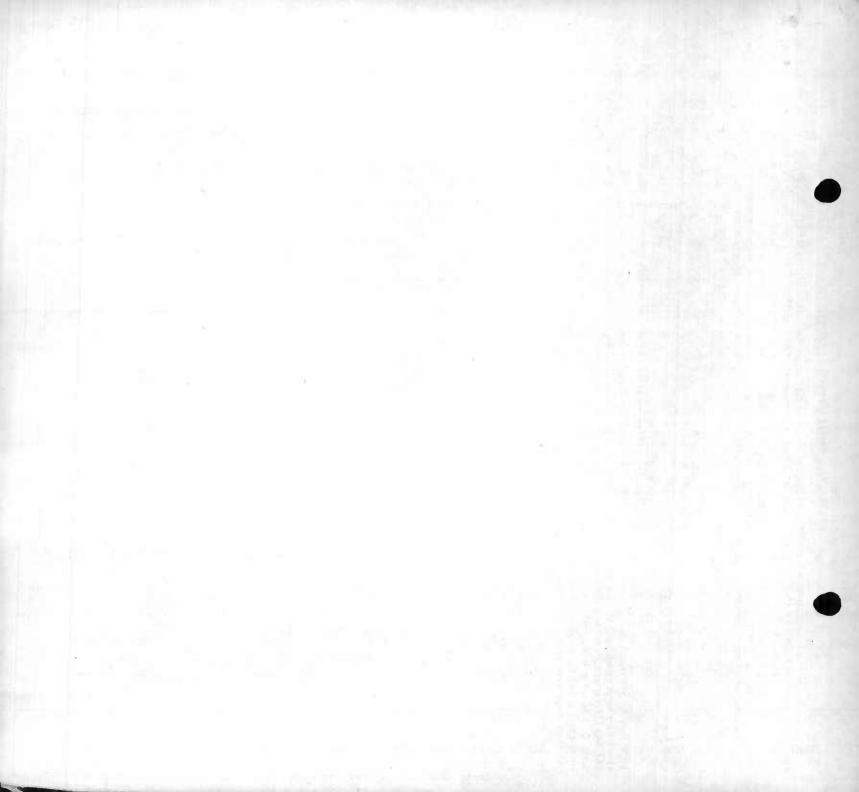
BALTIMORE CITY HEALTH DEPARTMENT



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

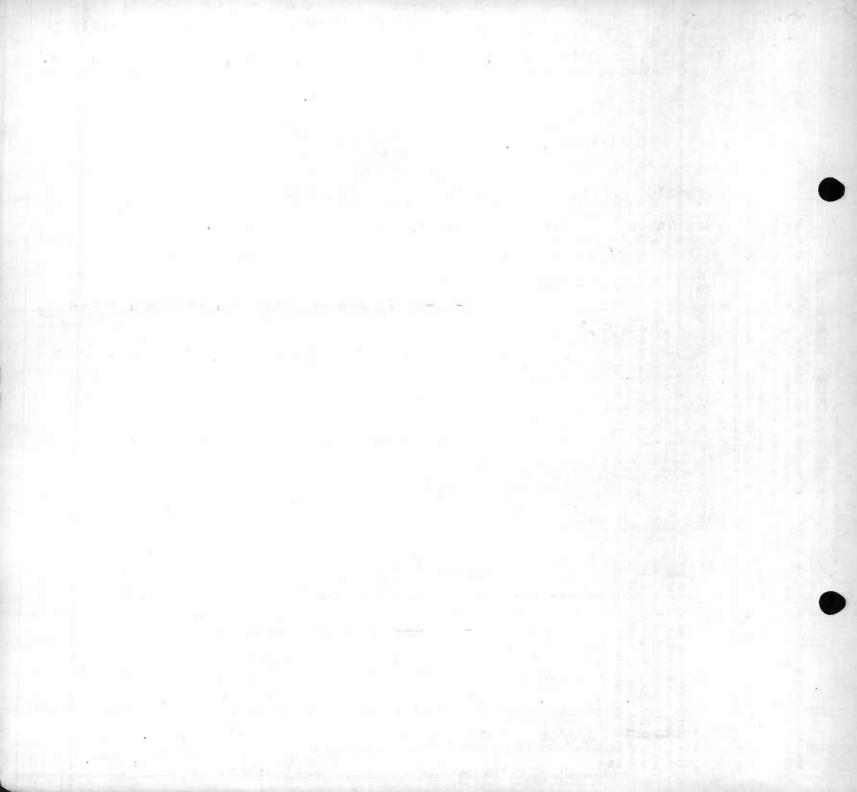
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CIT	Y HEALTH DEPARTMENT
BIRTH NO. 65 8005 CERTIFICA	ATE OF DEATH Registered No. 65 8005
M.E. CASE NO.  1, NAME OF DECEASED	
(Type or Print)	2. DATE AND HOUR OF DEATH
Jusie - Dewill	8.1.00 7 PM.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE B. COUNTY
FOUR MANAGES OF ME AND A SHARE	9-03
FULL NAME OF (If not in hospital ar institution, give street HOSPITAL OR oddress or lacotion)	C. GITY OR TOWN (If autside city limits, write RURAL and give township)
INSTITUTION	E. J. A. CA/O
	Dextigure
Maryland Length Handland	D. STREET ADDRESS (If rural, give location)
Many and Chevin Hospital	1316 SUQ W SILL TE.
5. SEX 6. RACE 7. MARRIED, NEVER, MARRIED	B. DATE OF BIRTH  9. AGE (In years   If Under 1 Yr., If Under 24 Hrs.   Months; Doys   Haurs   Min.
WIDOWED, DIVORCED (specify)	O 14 ( lost birthday) 78 Months Doys Hours Min.
IOA, USUAL OCCUPATION (Give kind of work TOB, KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF
done during most of warking life, eyeth if retired)	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Marice, VILE	1 4 soma U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	11-11-11
SAMUEL BLOCKWELL	Mary Waters
15. Wos Deceosed Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give war ar dates of service) SECURITY NO.	1/ an Tal (le a of
10	Hogora war
18. 5.2.7.2.1 CAUSE (	OF DEATH INTERVAL BETWEEN ONSET AND/ DEATH
DISEASE OR CONDITION DIRECTLY	A VI - CONSET AND DEATH
LEADING TO DEATH	postive teau tailure 48 ms.
(This does not mean the mode of dying, e.g., DUE TO	
heart loilure, osthenia, etc. It means the disease, injury or complication which coused death.)	A A A A
(1/1)	STUMPTIVE HIVENUM DISEASE UD 913.
ANTECEDENT CAUSES . DUE TO	Manual Ma
DISEASES OR CONDITIONS, if ony, giving	
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-1	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	Shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	coxcept where the projection was in regular attendance on the deceased prior to death. Such
I I	t if death occ	(4) Undeterm	the decease
FUNERAL DIRECTOR: IMPORTANT	or his assistan	of any kind;	was secured in control where the physician was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to deceased prior to the physician was the remained to the physician was an expense of the deceased prior to the physician is made.
IRECTOR:	ll examiner o	(3) A fracture	in regular o
UNERAL D	chief medical	Body burns;	hysician was
Ĭ.	be beginned by	ny nature; (2)	and (6) No p
	e must be app	shows: (1) An accident of a	r to death);
	his cortificate	hows: (1) An (	deceased prior to death);
	-	- 10 3	0 3

BIRTH NO.		8006 BALTI			
			TIFICATE OF	DEATH Registered N	°65 8006
M.E. CASE NO.	CFASED	1		2. DATE AND HOUR OF DEA	TH
(Type or Print)	1 0 10 1 1 1	1 1			, , , , , , , , , , , , , , , , , , , ,
PLACE OF D	EATH IN BALTIMORE, MA	DOFRON	II A LICUAL OF	SIDENCE (Where deceased lived,	- 6 S   A
S. PLACE OF D	EATH IN BALTIMORE, MA	ARTEAND	A, STATE	B. COUNTY	i institution: residence before damiss
FULL NAME	OF (If not in hospital	ar institution, give street	Md		
HOSPITAL OR	address or location		C. CITY OR		te RURAL and give tawnship)
INSTITUTION	in milms	ricel hosps	R	9LTIMORE	
Con	in policion	2	D. STREET A	DDRESS (If rurol, give location)	
Bul	to more	Mh 2/2/8	1711	M. STREEPS	c 0
5. SEX	6. RACE	T MARRIED NEVER MAR	RIED B. DATE OF B		
o. SEX	O. KACE	7. MARRIED, NEVER MAR WIDOWED, DIVORCED	(specify)	lost birthday)	If Under 1 Yr. If Under 24 h Months Doys Hours Min
-	N	WIDOWE	D 1-11.	- 94 7/	
		108 KIND OF BUSINESS O	R INDUSTRY 11. BIRTHPLA	CE (State or foreign country)	12. CITIZEN OF
	of working life, even if retired)	GIDD2 LUCKI	ng Co	Austria	U.S.A.
	ter e	NONE			U.S.A.
13. FATHER'S NA	Nahot	sky		rances Daeha	
JOSEPH	. 1	XXXXXXXXX		KKXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
5. Was Decease	ed Eyer in U. S. Armed Fo	rces? 16. SOCIAL	17. INFORMA		ADDRESS
Yes, na ar unkna v	wn) (If yes, give war ar dat	es of service) SECURIT		1	
		220-03-9	9148 MRS	MARIE BERRA	ey (Doughter
18. < - 5	ZIZ XI		CAUSE OF DEATH		INTERVAL BETWEEN
- 0	ASE OR CONDITION DI	RECTLY		. ,	ONSET AND DEATH
5.367	LEADING TO DEATH		A) Heart 7	ailure	3 claus
	not mean the made of	dying, e.g.,	DUE TO		
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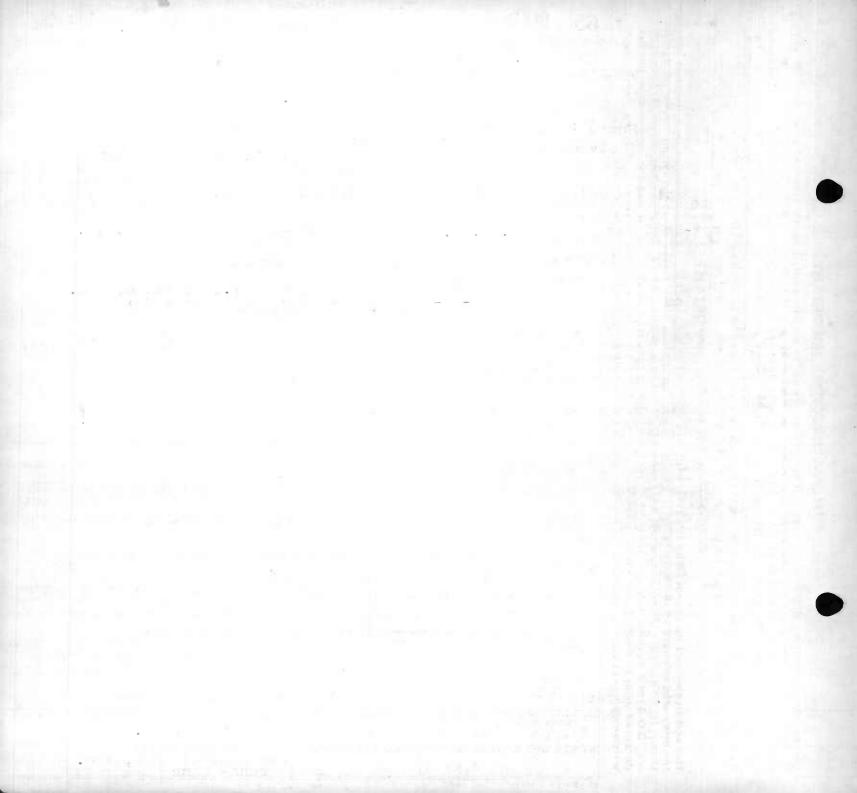


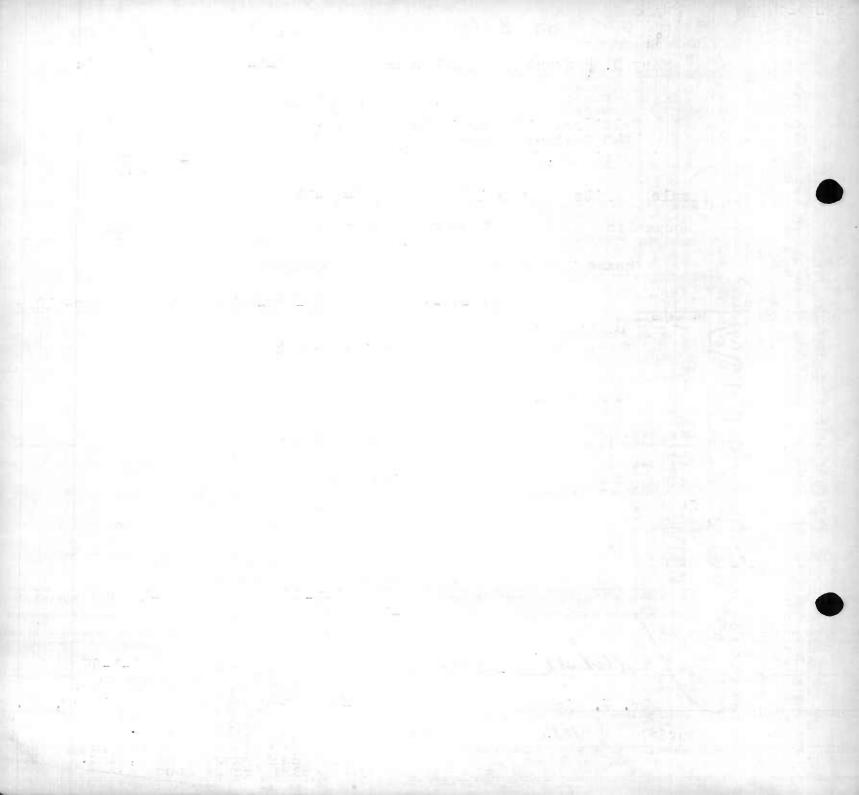
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24C. FUNERAL DIRECTOR

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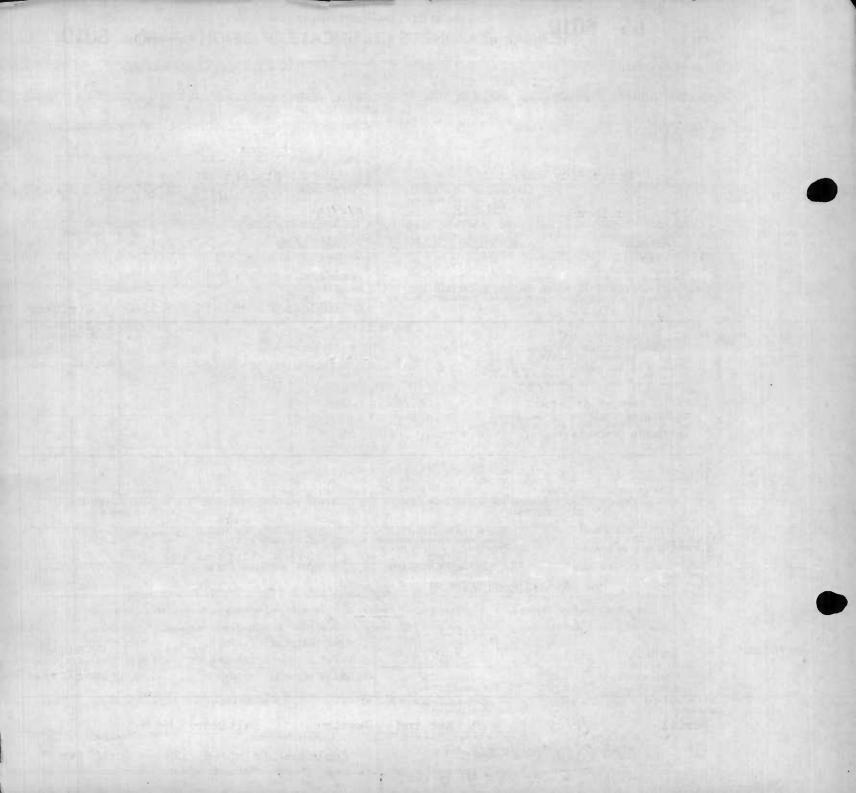
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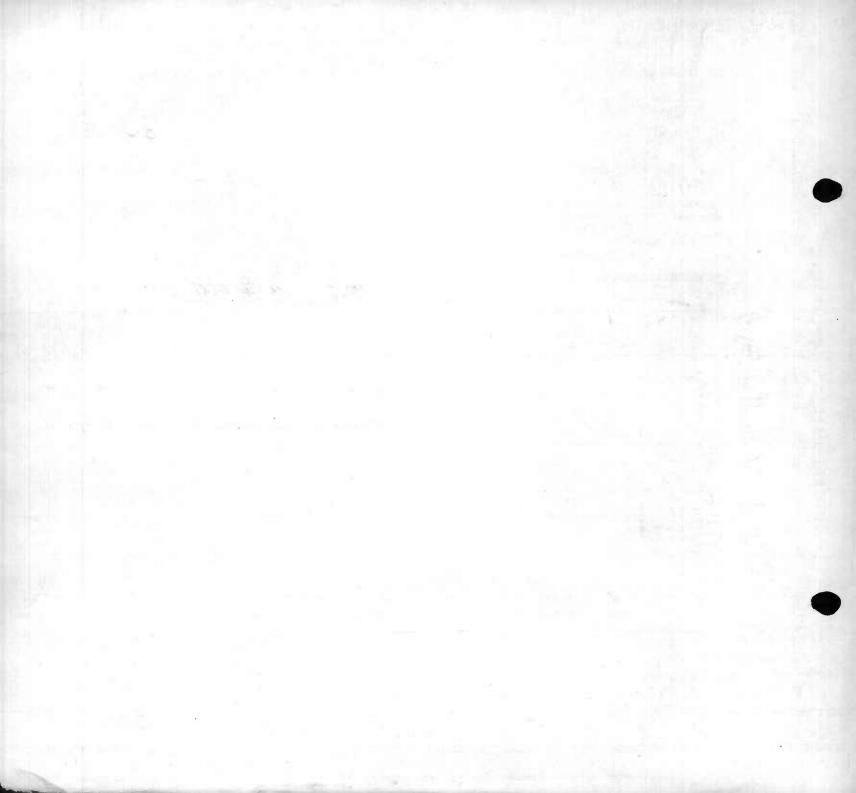
24A. DATE REC'D BY HEALTH DEPT.

VS 151-REV. 1/1/65

ADDRESS

Halstead 1206 W North Ave





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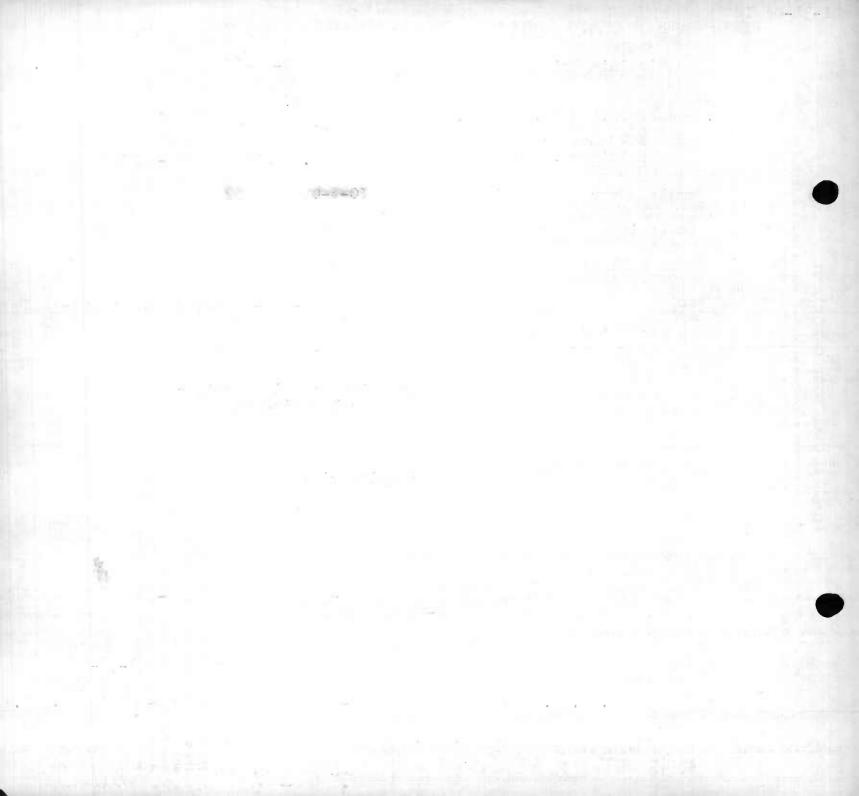
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M.E.	CASE NO.		13	CERTIFICA	ATE OF DE	1	Registered No	0012
	or Print)	A	BLACK			JULY 3	OUR OF DEATH	
3. PL	ACE OF DEA	TH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDI	B. COUNTY	ocoosed lived. If	institution: residence before admission
FU	LL NAME OF	F (If not in hospital oddress or locatio	or institution, g	ivo stroet	MANYLA	mo	AKUNDE	
IN	STITUTION					N (If outside NSU/LL		RURAL and give township)
80	WIVERS	MINDS YTH	H		D. STREET ADDR	ESS (If rurol,	give location)	
£ 0.51					BOX 6		ROL-PA	
	MARE	6. RACE	WIDOWED	NEVER MARRIED DIVORCED (specify)	12/3/188	io lost	GE (In years birthdoy)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
done o		vorking lite, even if retired)	KIOB. KIND OF	BUSINESS OR INDUSTR		IL AND	ountry)	12. CITIZEN OF WHAT COUNTRY?
3. F	ATHER'S NAM	NE.			14. MOTHERS M	AIDEN NAME	413.	
		Charles Bl			E	lizabet	h Dorse	у
		(If yos, give wor or dote	rces? os of sorvice)	SECURITY NO.	17. INFORMANT			ADDRESS
	NO B. 11 5				Mrs. Be	ulah Bl	ack, sa	ame as 4
i	This does no neon foilure, njury or com	E OR CONDITION DI LEADING TO DEATH of mean the mode of osthenio, etc. It means plicotion which coused INTECEDENT CAUSES	dying, e.g., the disease, deoth.)	DUE TO	EKIOSCLENC PISENS	THE CA	PSOPE PROVOVASCI	VAN.
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RTIF	0	WAS PER	FORMED		A010131:	IN	CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
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23	A. SIGNATUI	with les	X	M.D. All	onding Me	d. Stoff		Heles 31 1965
23	NAME (TY			M.D.	23D. ADDRESS UNIVERSA			Joseph Mary
24A.	BURIAL CREA	AATION, 248, DATE	24C. NA	ME of CEMETERY of CR	EMATORY	24D. LOCA	TION (C	City, town, or county) (State)
	Cremat	ion 8/4/65	Ft.	Lincoln		Blad	ensburg	r. Md.
AU	G 3 1	965 Realth DEPT.	25B. NAME OF	REGISTRAR	Kirkl	DIRECTOR		ADDRESS ne, Glen Burnie

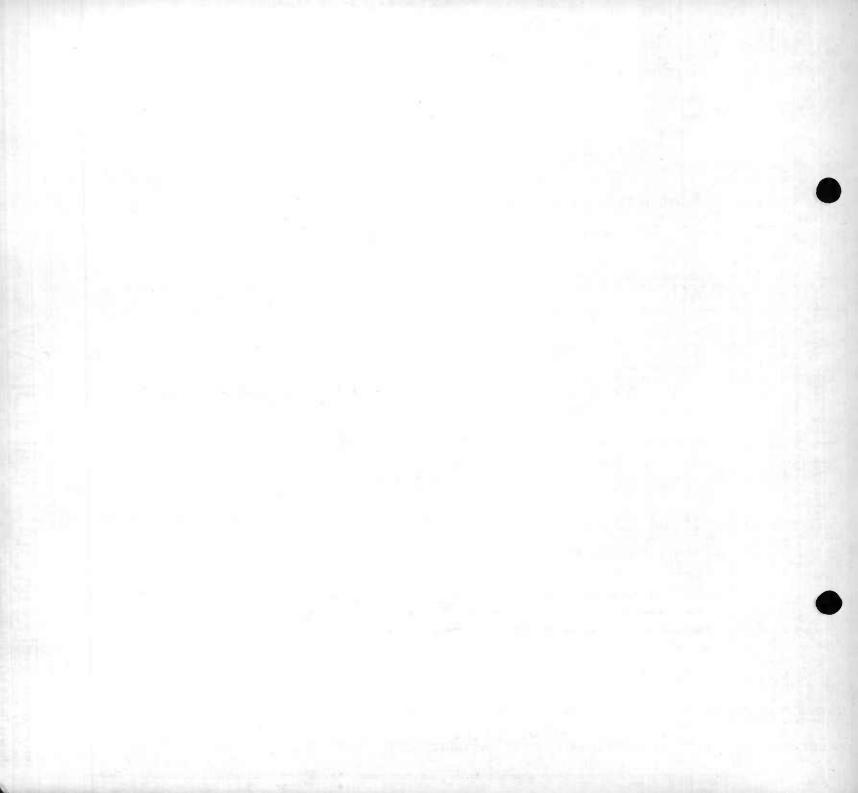
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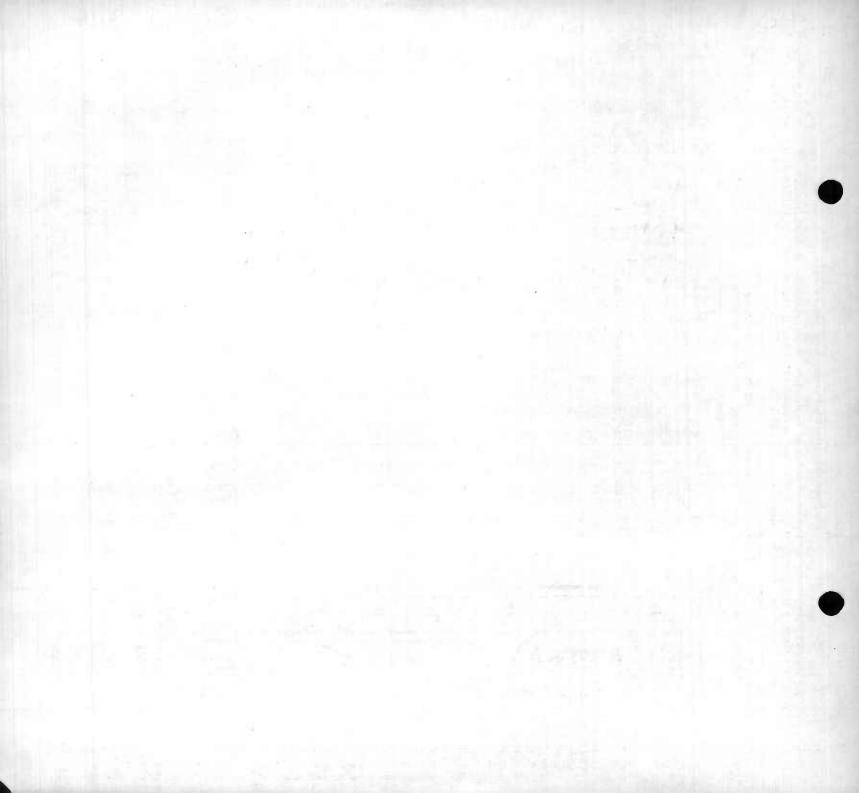
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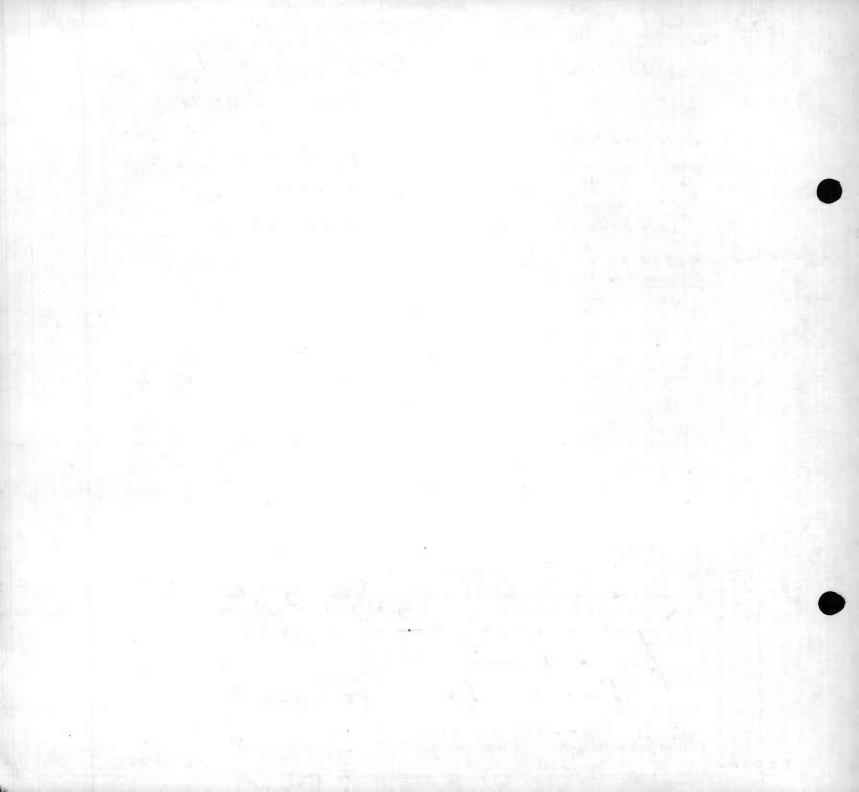
BALTIMORE CITY HEALTH DEPARTMENT



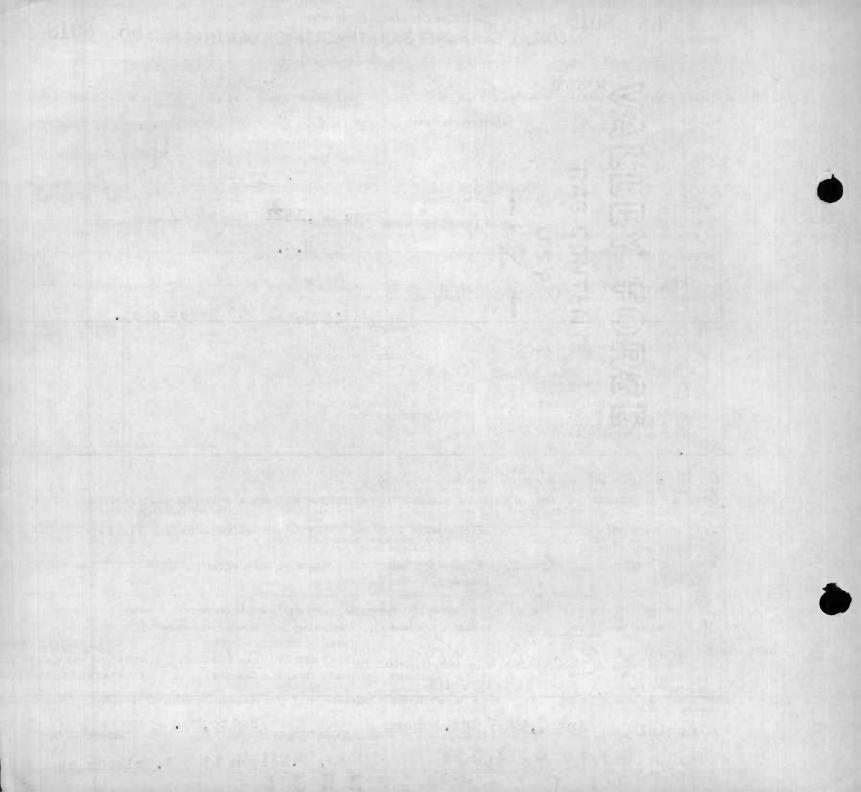
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to dearn), and (o) No physician was in regular antendance on the deceased prior to dearn. Such

	•		CERTIFICA			
Type or Print)			9		ND HOUR OF DEATH	
R. PLACE OF I	Christi		eder		. 1,1965	10:00 A
FULL NAME	OF (If not in hospital	l or institution,	give street	Maryland  C. City Or town (If o	NIY	7112
O	Edgewood Nur 6000 Bellons		10		f rural, give location)	
	OCCO DELIGIE	Avenue		400 Gedarere	oft Road	
Male	White		NEVER MARRIED D. DIVORCED (specify)	Apr. 13, 1879	9. AGE (In years lost birthday) 86	If Under 1 Yr. If Under 24 Months Doys Hours M
	CUPATION (Give kind of wo of working life, even if retired)		BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF WHAT COUNTRY?
	usiness		ton Market	Baltimore, Mo	d.	USA
3. FATHER'S N		0		14, MOTHER'S MAIDEN NA		
	George Roeder			Elizabeth	Brandau	
5. Was Decea	sed Ever in U. S. Armed Fo		16. SOCIAL SECURITY NO.	17. INFORMANT Hargaret R. Rei 405 Croydon R	ttberg (Day	ughter)
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7	22/1	Inc.CTL:	Air	teriosclero	tig.	ONSET AND DEATH
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(This does	s not mean the made a		DUE TO	410-197C019	101169	35
heart failu	re, asthenia, etc. Il mean	s the disease,	00110			
injury or o	complication which cause	d death.)				
	ANTECEDENT CAUSE	S	(B)		) H MANAHAN UNGGEN () NGGOOD NY GOOD () PANAG HIN	
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OTHER SIGNAL  OT	OR CONDITIONS, if the above cause (A) ING CONDITION last.  II GNIFICANT CONDITIONS DEATH BUT NOT RELOW CONDITION CAUSING OF OPERATION 198. CO WAS PEDITY MAS UNDERLYING (Month) (Doy) (Year ify that (I) (this hospital causes struce) last saw the decause and from the causes struce	CONTRIBUTION  ATED TO TH  IT.  NDITION FOR V  RFORMED  218 horn etc.  Wh  Wo  4) (Hour) 21E. Wh  wo  4) attended t	DUE TO  (C)  GE WHICH OPERATION  PLACE OF INJURY (e.g., form, foctory, sheet, illyjury Occurred ite At Work  At Wo he deceased from the de	20A. AUTOPSY? (Yes or No. 1) and the land of the land	OD 20B. IF YES, WERING COMPANY OCCUR?  19 5 to 19 to 19 that In (my) (our) approximately approximate	E FINDINGS CONSIDERED AUSES OF DEATH?  DIE City, give exoct locotion)  19 Continue death accurred an the 238. DATE SIGNED
OTHER SIGNATE  OTHER	OR CONDITIONS, if the above cause (A) ING CONDITION last.  II GNIFICANT CONDITIONS DEATH BUT NOT RELOVED CONDITION CAUSING OF OPERATION 198. CO WAS PEDITY WAS UNDERLYING (Month) (Doy) (Year (Month) (Month) (Doy) (Year (Month) (Month) (Doy) (Year (Month)	CONTRIBUTION ATED TO TH IT.  A	DUE TO  (C)  GE WHICH OPERATION  PLACE OF INJURY (e.g., form, foctory, street, at Work with the deceased from the deceas	in or about 21 C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID IN hile 19 and to view the bady after death hys. Med. Director 19 23D. ADDRESS 4230 Loch Raw	Old 20B. IF YES, WERING COMPANY OCCUR?  19 19 10 10 10 10 10 10 10 10 10 10 10 10 10	E FINDINGS CONSIDERED AUSES OF DEATH?  DIE City, give exoct locotion)  19 Continue death accurred an the location death accurred at the location death accu
OTHER SIGNATE  OTHER	OR CONDITIONS, if the abave cause (AI ING CONDITION last.  II CONDITION last.  CONDITION Last.  CONDITION CAUSING OF OPERATION LAST PER CONDITION CAUSING CAUSE OF CA	CONTRIBUTION Stating the  CONTRIBUTION ATED TO TH IT.  ADDITION FOR V RFORMED  218 horr etc. Wh Wo  attended t sed alive an ated abave. (()  Fusting	DUE TO  (C)  GE  WHICH OPERATION  PLACE OF INJURY (e.g., form, foctory, street, with the deceased from	20A. AUTOPSY? (Yes or Moderate Didentity of the bidg., INJURY OCCUR?  21F. HOW DID IN thile and the view the bady after death of the bidg.  23D. ADDRESS 4230 Loch Raw  REMATORY 24D.	OD 20B. IF YES, WERING COMPANY OCCUR?  19 19 10 10 10 10 10 10 10 10 10 10 10 10 10	E FINDINGS CONSIDERED AUSES OF DEATH?  DIE City, give exoct locotion)  19 (c)  pinlan death accurred an the locotion of the lo
OTHER SIGNATOR CONTINUENT (APPROX.)  21 A. SIGNATOR CONTINUENT (APPROX.)  22. i cert that (I) (wand haur 23A. SIGNATOR CONTINUENT (APPROX.)  24A. BURIAL CREMOVA	OR CONDITIONS, if the above cause (A) ING CONDITION last.  II GNIFICANT CONDITIONS DEATH BUT NOT RELOVED CONDITION CAUSING OF OPERATION 198. CO WAS PEDITY WAS UNDERLYING (Month) (Doy) (Year (Month) (Month) (Doy) (Year (Month) (Mon	CONTRIBUTION ATED TO TH IT. ATED TO TH IT. NDITION FOR V RFORMED  218 horr etc. Wh Wo oil) attended t sed alive an ated abave. (I	DUE TO  (C)  GE  WHICH OPERATION  PLACE OF INJURY (e.g., form, foctory, street, lee, f	20A. AUTOPSY? (Yes or No. 1) and office bldg., INJURY OCCUR?  21F. HOW DID IN this property of the bady after death of the bad	OP 20B. IF YES, WERI IN CERTIFYING COMMENTS OF THE SOLUTION COMMENTS OF THE STATE OF THE SOLUTION COMMENTS OF THE SOLUTIO	E FINDINGS CONSIDERED AUSES OF DEATH?  DIE City, give exoct location)  19 Considered and the printing death accurred and the location are considered.  238. DATE SIGNED  8 -1-65
OTHER SIGNATOR CONTINUENT (APPROX.)  21 A. SIGNATOR CONTINUENT (APPROX.)  22. i cert that (I) (wand haur 23A. SIGNATOR CONTINUENT (APPROX.)  24A. BURIAL CREMOVA	OR CONDITIONS, if the abave cause (AI ING CONDITION last.  II CONDITION last.  CONDITION Last.  CONDITION CAUSING OF OPERATION LAST PER CONDITION CAUSING CAUSE OF CA	CONTRIBUTION ATED TO TH IT. ATED TO TH IT. NDITION FOR V RFORMED  218 horr etc. Wh Wo oil) attended t sed alive an ated abave. (I	DUE TO  (C)  GE  WHICH OPERATION  PLACE OF INJURY (e.g., form, foctory, street, or the form)  INJURY OCCURRED ide At Work  At Wo he deceased from M.D. Ap  M.D. Ap  AME of CEMETERY or Corrain Park Cooperation Park  OF REGISTRAR	20A. AUTOPSY? (Yes or Moderate Didentity of the bidg., INJURY OCCUR?  21F. HOW DID IN thile and the view the bady after death of the bidg.  23D. ADDRESS 4230 Loch Raw  REMATORY 24D.	OP Speitz 5209	E FINDINGS CONSIDERED AUSES OF DEATH?  DIE City, give exoct locotion)  19 Considered and the control of the con



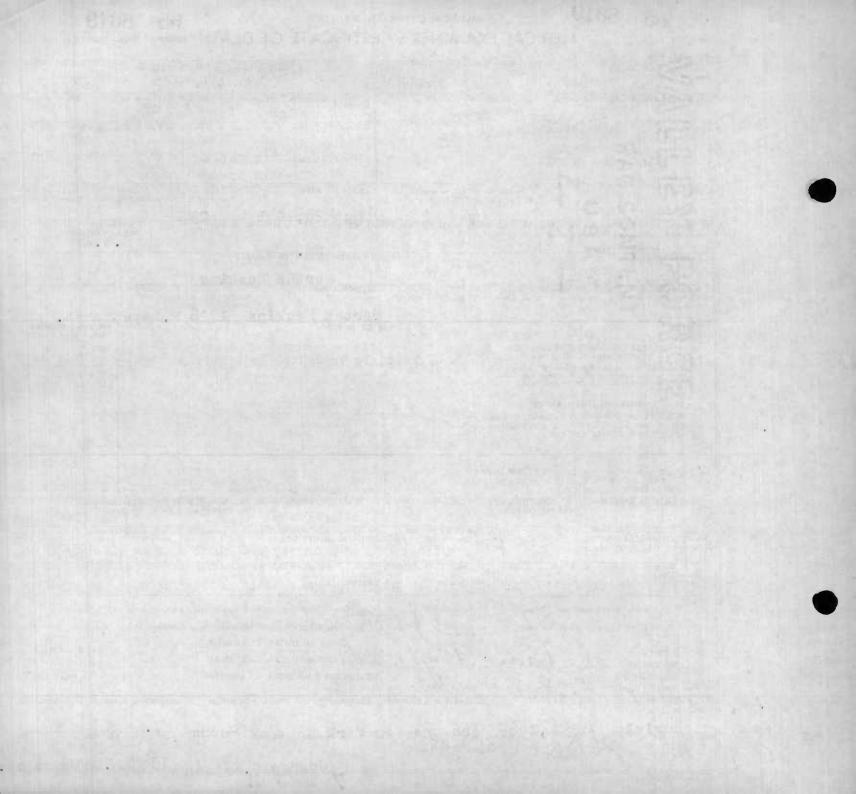


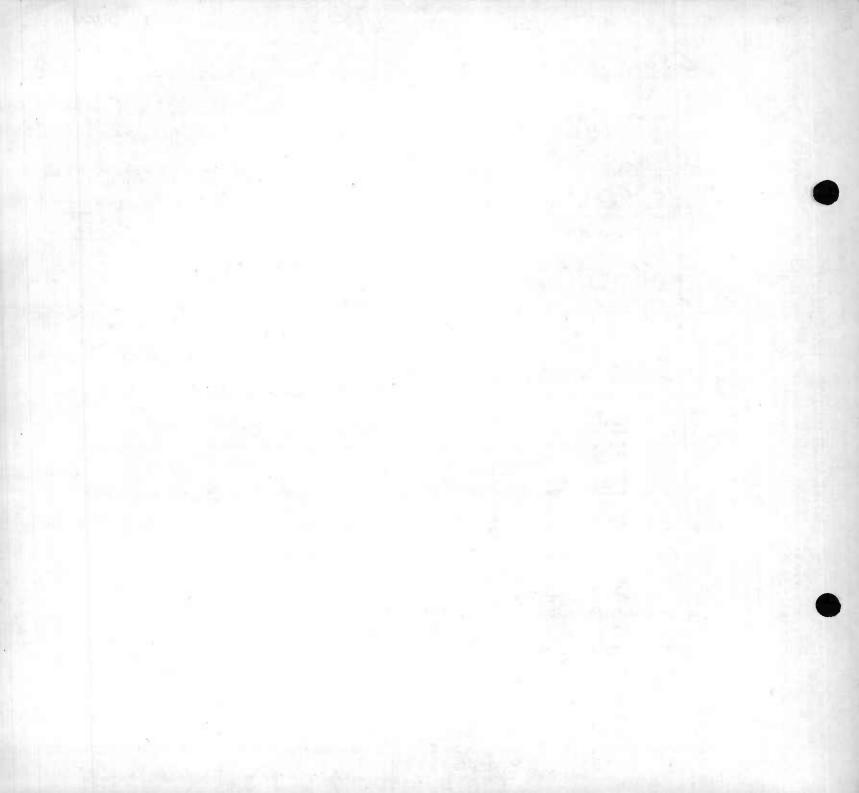
1	BIRTH NO.  MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH Registered No.5 8018		
M 262	1. NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD		
14,000	LUCILLE MCRAE	July 30, 19 <b>6</b> 5 6:10 P <sub>M</sub>		
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE March and		
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Maryland  C. CITY OR TOWN (If outside corporate limits, write RURAL and give lownship)		
	INSTITUTION	Baltimore		
2 3	University Hospital	D. STREET ADDRESS (If rural, give location) 660 W. Fayette Street		
	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH  9. AGE (In years   If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.		
	Female Negro M	Dec L8.1921 37 1/4		
	10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTI	RY 11. BIRTHPLACE (State or soreign country) 12. CITIZEN OF WHAT COUNTRY?		
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
	Thank Shaw  15. WAS DECEASED EVER IN U.S. ARMED FORCES?  16. SOCIAL  Yes, no gruphown) (if yes, give wor or doles of service)  SECURITY NO.	17. INFORMANT ADDRESS		
	(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	David McRae 660 Fayette st.		
	IB. CAUS	SE OF DEATH INTERVAL BETWEEN		
	DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH		
	LEADING TO DEATH  (This does not meen the mode of dying, e.g., DUE TO	ar pneumonia		
	heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)			
	ANTECENDENT CAUSES			
	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO			
	UNDERLYING CONDITION LAST.			
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
	198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes of No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?		
	✓ 21 Å. EXTERNAL CAUSE WAS       218. PLACE OF INJURY (e.g., home, farm, foctory, street, etc.)         UNDERLYING □ OR CONTRIB-       home, farm, foctory, street, etc.)	, in or about 21C. WHERE DID (If in Boltimore City, give exact location) office bldg., INJURY OCCUR?		
	21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?		
	m. WORK AT	WHILE		
	22. I certify that I held on Inquiry Inspection A	utopsy X ond that on this bosis, death in my opinion		
	resulted from: Notural couses X Accident Suici			
	ACTUAL ()	CHIEF MEDICAL EXAMINER DATE SIGNED		
	SIGNATURE ( halle ) felly M.	D. ASSISTANT MEDICAL EXAMINER TO 7/30/65		
	EXAMINER'S Charles S. Petty, MD.	ASSOCIATE MEDICAL EXAMINER		
	23A. BURIAL CREMATION, 238. DATE 23C. NAME of CEMETERY REMOVAL (Specify)	or CREMATORY 23D. LOCATION (City, town, or county) (State)		
	Burial Aug 4,1965 Mt. Aubur	Balto, Md.		
		24C. FUNERAL DIRECTOR ADDRESS		
	AUG 3 1965 Robert E. Farleyna	Geo, G.Kelson 1348 N.Calhoun st		
	VS 151-REV. 1/1/65			



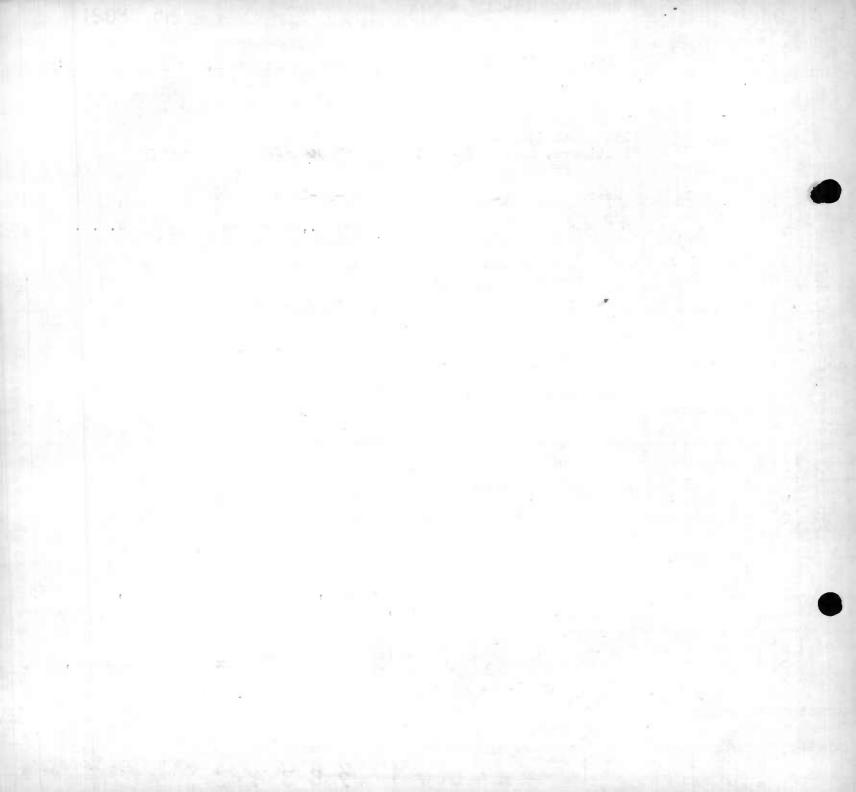
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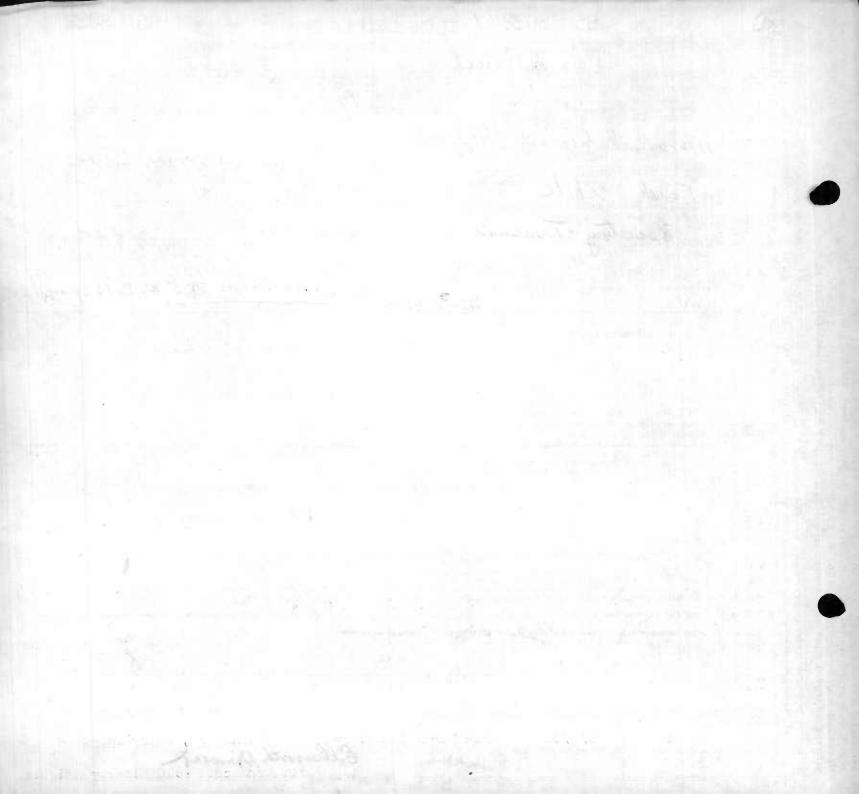
BIRTH NO. MEDI	ICAL EXAMINER'S CI	ERTIFICATE OF	DEATH Registe	ered No.
M.E. CASE NO.				
1. NAME OF DECEASED (Type or Print) MARLENE	STEWART		igust 1, 196	
3. PLACE IN BALTIMORE, MARYLAND, W	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where	deceosed lived. If inst	itution: residence before odmission) JNTY
		Maryland	B. COL	ALIA
HOSPITAL OR ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STREET	C. CITY OR TOWN (If outside	de corparate limits, write	e RURAL and give tawnship)
INSTITUTION		Poltimon o		1-05
St. Agnes Hospit	·a1	Baltimore D. STREET ADDRESS (If rurol	. give location)	
Joe inglied hearing		Fayette		
5. SEX   6. RACE	7. MARRIED, NEVER MARRIED	18. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
	WIDOWED, DIVORCED (specify)	në de de la	last birthday)	Manths Days Hours Min.
Female Negro	M	Oct 28, 1941	23	
IDA. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)	108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
The state of the s		EM.		U.S.A
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	IE.	
James Terrior		Martha Ha	aletna	
15. WAS DECEASED EVER IN U.S. ARMED	FORCES? 16. SOCIAL	17. INFORMANT	SKIIIS	ADDRESS
(Yes, no or unknown) (If yes, give war ar date	s of service) SECURITY NO.			
		Tartha Haskins	1728 E.	Favette st.
18.) = 8 / 6 4	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DI	RECTLY			OKSET AND DEATH
LEADING TO DEATH	Multi	ple Traumatic In	juries.	
(This does not mean the mode of heart failure, asthenia, etc. It means	dving, e.g., Dile to	<b>&amp;</b>	<u></u>	
heart failure, asthenia, etc. It means injury or complication which coused of	death.)			
ANTECENDENT CAUSE	S			
DISEASES OR CONDITIONS, IF A	(R)	***************************************	••••••	
RISE TO THE ABOVE CAUSE (A) ST UNDERLYING CONDITION LAST.	ATING THE			
	(C)			
2				
OTHER SIGNIFICANT CONDITIONS		*		
TO THE DEATH BUT NOT REL		0 00 0 1 0 1 0 1 0 0 0 0 0 0 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20 B. IF YES, WERE FI	NDINGS CONSIDERED
WAS PER	FORMED	Yes	IN CERTIFYING CAU	ses of DEATH? Yes
ZIA. EXTERNAL CAUSE WAS	218. PLACE OF INJURY (e.g.,	in ar about 21C, WHERE DID	(If in Baltimore City, gi	
UNDERLYING TO CAUSE WAS UTING CAUSE OF DEATH.	hame, farm, factory, street, o	ffice bldg., INJURY OCCUR?		
7	Street		nd Ridge Roa	ds, A.A.Co.
21 D TIME (Month) (Day) (Year OF INJURY	(Hour) 21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROX.) 8 1 65	A. m. WHILE AT NOT WORK	WHILE X Auto-Aut	co collision	
22.				
I certify that I held an I	nquiry Inspection Aut	apsy 🔀 and that an th	is basis, death in n	ny apinian
resulted fram: Natural cau	uses Accident X / Suicide	Hamicide 🗌	Undetermined mann	er 🗌
		CHIEF MEDICAL EX	XAMINER -	
ACTUAL (1)	siles & Taller 40	ASSISTANT MEDICAL E		DATE SIGNED
SIGNATURE	M.D.	ASSOCIATE MEDICAL E		8/1/65
EXAMINER'S NAME (Type) Charle	es S. Petty, M.D.	ASSUCIATE MEDICAL E	AAMINEK	
23A. BURIAL CREMATION, 23B. DATE REMOVAL (Specify)	23C. NAME OF CEMETERY O	CREMATORY 23D. 1	LOCATION (City,	, town, or county) (State)
Burial Aug l	7065 100	D .	mb . Mr	7 - F
24A. DATE REC'D BY HEALTH DEPT.	12 18 HAME OF REGISTIVARS MOT	AL MUNERAL DIRECTO	utus	ADDRESS
AUG 3 1965 (P.D.)	to E , Janker Pull			-1 0
. 4000		George G	Kolean 1	348 N. Calhoun s
MC 151 BEN 1/1//C			Je TO OII	

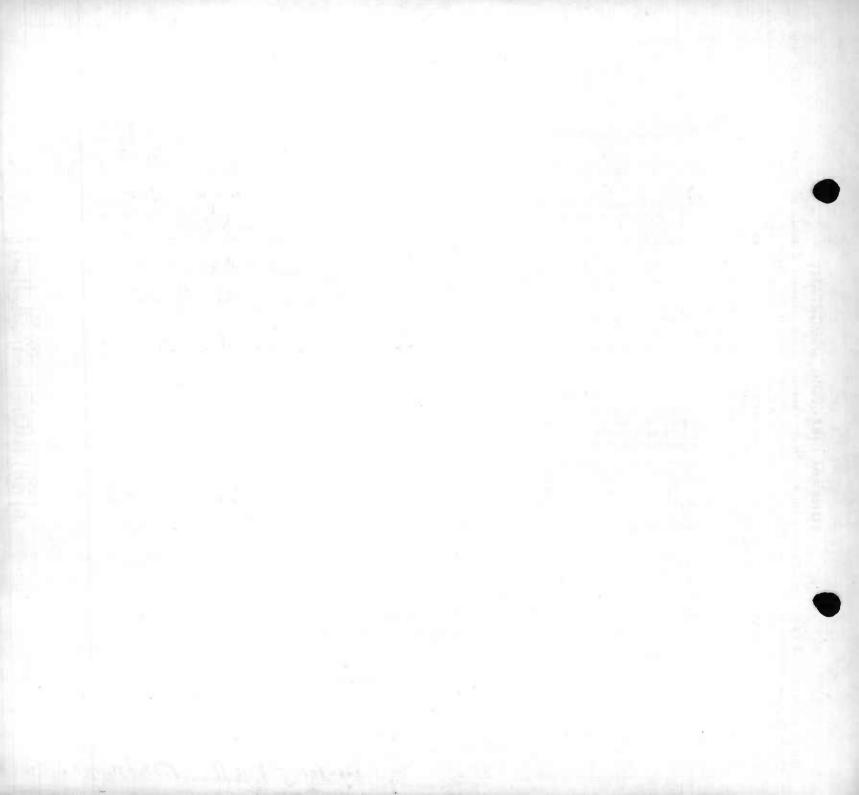




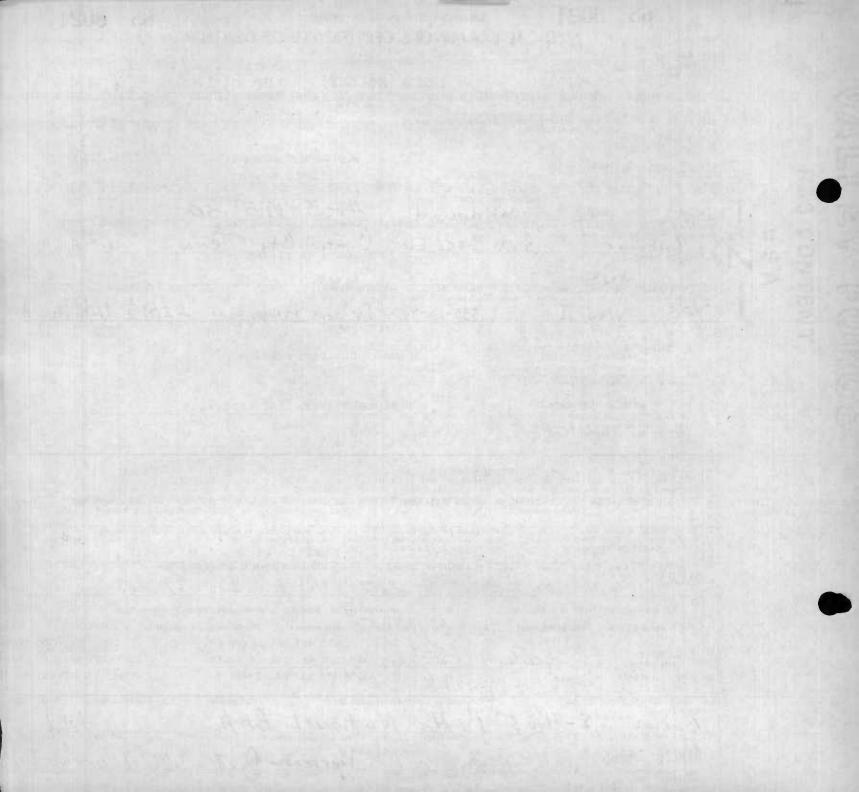
	00 00		HEALTH DEPARTMENT	Registered No.	5 8021
M.E. CASE NO.		CERTIFICA	TE OF DEATH		
1. NAME OF DE (Type or Print)				AND HOUR OF DEATH	
3. PLACE OF D	Clifford Robins	son	4. USUAL RESIDENCE (W	gust 1, 196	5 3:30 Av
			A. STATE B. COL	11 YTMI	) ^ ~
FULL NAME HOSPITAL OR		tion, give street	Maryland	outside city limits, write	RURAL ond give township)
INSTITUTION	Provident Hosp		Baltimore	orside city mines, wine	None one give township:
7	1514 Division			If rurol, give location)	1.
	Baltimore, Mar	yland 21217	1328 826	stratice	et
5. SEX		RIED, NEVER MARRIED OWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
Male	Negro CUPATION (Give kind of work 108, KIN	Married	11-30-1899	66	
	CUPATION (Give kind of work 10B, KIN of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo		12. CITIZEN OF WHAT COUNTRY?
uner	uplayed		Balto., Mar	yland	U.S.A.
13. FATHERS NA	AME A	•	14. MOTHER'S MAIDEN N	AME 7	
Wal	ler Kabe	usou	da	1	
5. Wos Decease Yes, no or unknov	ed Ever in U. S. Armed Forces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT	1	ADDRESS
no	3		Laure Kay	henen-13	328 Elling St
18. 7L 4	(3X)	CAUSE O	F DEATH		INTERVAL BETWEEN
DISE	ASE OR CONDITION DIRECTLY				ONSET AND DEATH
(This does	LEADING TO DEATH		vere dehydrat	ion	
heart failure	not mean the mode of dying, s, asthenia, etc. It means the dis-				
injury or co	amplication which coused death.)	(B) Pn	eumonia		
2102445	ANTECEDENT CAUSES	DUE TO	n a timbertinant of 0 for 0 0 n a n a 0 times a 0 0 n a 0 0 0 0 0 0 0 0 n a 0	On this with a Court tile and a species proper a government paper.	**************************************
	OR CONDITIONS, if any, g the obave couse (A) stating				
UNDERLYIN	NG CONDITION lost.	the all play de distance de the Epithodologia deliquidade	######################################	6·10 (4·10 (1 · 0 · 0 · 0 · 0 · 0 · 0 · 0 · 0 · 0 ·	
7	II .				
E TO THE	NIFICANT CONDITIONS CONTRIB DEATH BUT NOT RELATED TO				
U 19A. DATE C		FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or I	Nol 208. IF YES, WERE	FINDINGS CONSIDERED
19A. DATE C	WAS PERFORMED			IN CERTIFYING CA	AUSES OF DEATH?
U 21A. ACCID	ENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., in	n or obout 21 C. WHERE DID	(II in Boltimo	re City, give exact location)
₹ DEATH (noti	BUTING CAUSE OF	etc.)	ince bidg., INJURI OCCUR!		
21 D. TIME	(Month) (Doy) (Year) (Hour)	21E INJURY OCCURRED	21 F. HOW DID IN	NJURY OCCUR?	
S OF INJURY		While At Not Whil	e		
		Work At Work	June 3.	1965 to Aug	ust 1, 10 65
	y that (I) (this haspital) attend	and the deceased hom	4E		
	e) last sow the deceased olive				inion death occurred on the dat
23A. SIGNAL	nd from the couses stated obo	ve. (1) (We) (did) (did nat) v	iew the body after death	1.	238, DATE SIGNED
23A. SIGNA	CIA: 2	M.D. Atte	ending Med.	Stoff -	
1400	una duy	2 XI) , Phy	s. Director	Staff Phys.	August 2, 1965
NAME		WAGI IP	23D. ADDRESS		
Me	His Higgard	M.D.	1514 Divis		
24A. BURIAL CE	(Specify) 248. DATE	4C. NAME of CEMETERY OF CRE	MATORY 24D.	LOCATION (C	city, town, or county) (Stote)
Buri	il 8/5/1965]	Telasant 7	Klet C	louison	Marigland
25A. DATE PEC	P BY MEAST PET. O. BEE. WA	ME OF KARDSTRAR	25C. FUNERAL DIRECTO	20	ADDRESS
Mua	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1 1 0 5	- Car Au	more-18	2/W. Northan
VS 150-REV. 1/1	1/65	0 3 1/ 1	1 7 3 3		





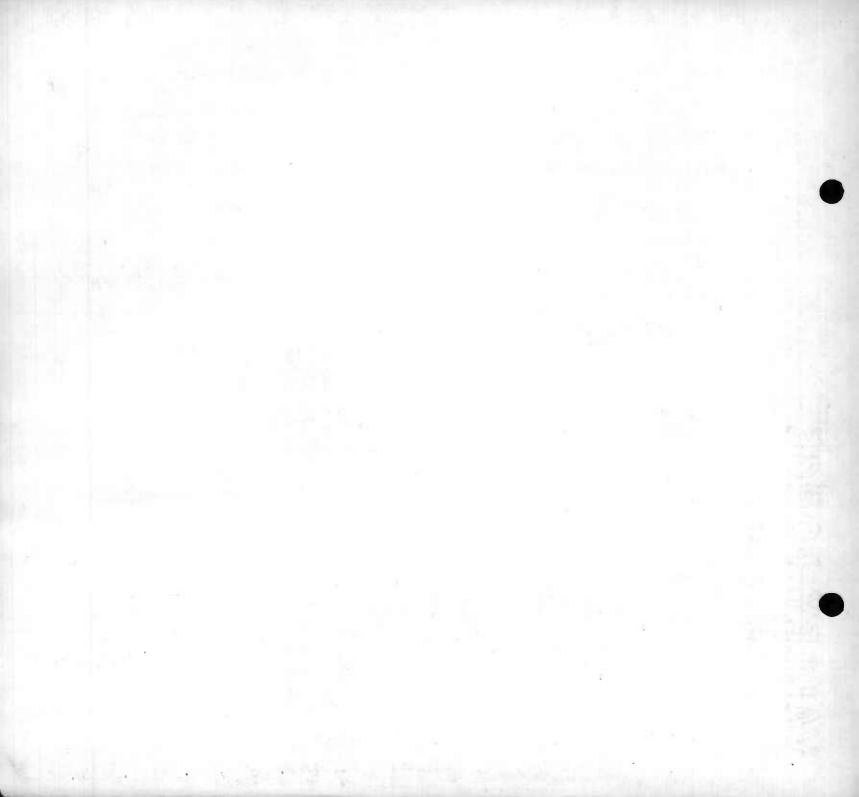


BIRTH NO.	MEDI	CALEX	AMINER 3 CE	KIIFICA	IE OF DEATH Regist	ered INU.
M.E. CASE NO.					2, DATE AND HOUR PRONOUN	CED DEAD
Type or Print)	WILLIA	M	KELLY (K	ELLEY)	July 31, 1965	5:05 A M.
PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONOL	INCED DEAD	4. USUAL RESID	DENCE (Where deceased lived. It in B. CC	stitution: residence before admission)
FULL NAME OF	(IF NOT IN HOSPITA	AL OR INSTITU	TION GIVE STREET	M	aryland	
OSPITAL OR	ADDRESS OR LOCA	TION)			WN (Il autside corparate limits, wr	THE ROKAL ONG GIVE IOWISHIP
/					altimore	50
Luthe	ran Hospital				210 Bryant Avenue	
5. SEX	6. RACE	T AAADRIED	NEVER MARRIED	B. DATE OF BIRT		s If Under 1 Yr. If Under 24 Hrs.
	o. KACL		DIVORCED (specily)	14-2	9. AGE (In years	Months Days Hours Min.
Male	Negro	TOR KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE	(State or foreign country)	12. CITIZEN OF
	warking life, even it retired)	0 4	la- Ha	C has	City TONN	WHAT COUNTRY?
3. FATHER'S NA	prer	BA Mo.	BAST ERC.	14. MOTHER'S M	AAIDEN NAME	Q. SA.
				11.1		
5. WAS DECEAS	ED EVER IN U.S. ARMED	FORCES?	16. SO CIAL	17. INFORMANT	•	ADDRESS
Yes, no or unknow	n) (It yes, give war ar date		SECURITY NO.	DI	1.1 2	201 = NEII.
785	MMI		335-12-9475	Velores	HNGEYSON Z	INTERVAL BETWEEN
18.	12.4		CAUSE	OF DEATH		ONSET AND DEATH
DISE	ASE OR CONDITION DI LEADING TO DEATH	RECTLY	Spina	1 cord co	mpression	
(This does	not mean the made of e, asthenia, etc. It means		DUE TO			
injury ar co	amplication which caused	death.)				
	ANTECENDENT CAUSE	S	Fract	ure of cr	evical vertebrae	
DISEASES	OR CONDITIONS, IF A	NY, GIVING	DUE TO			
	HE ABOVE CAUSE (A) S ING CONDITION LAST.	IAING INE				
No.			(C)			
OTHER SIGN TO THE DISEASE (19A. DATE O	II	CONTRIBUTI	NG			
DISEASE	DEATH BUT NOT RE OR CONDITION CAUSING		int		HR 000000000000000000000000000000000000	
19A. DATE O		IDITION FOR	WHICH OPERATION	20A, AUTOPS Ye	Y? (Yes or Na) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
	AL CAUSE WAS	21 B,	PLACE OF INJURY (e.g.,	in or about 21C.	WHERE DID (If in Baltimare City,	give exact lacotion)
	USE OF DEATH.	hame etc.)	Street		isterstown Rd. & E	Bryant Avenue
Z 21 D TIME	(Manth) (Day) (Yea	or) (Have)	21 E. INJURY OCCURRED		IOW DID INJURY OCCUR?	7 2 7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
OF INJURY	7 31 '6	5 1	WHILE AT NOT	WHILE Pe	destrian Struck by	7 21110
22.	7 31 0	J A m.				
1 ce	ertify that I held an	Inquiry	Inspection Au	7 25	nd that an this basis, death Ir	my apinian
resi	ulted frams Natural ca	uses	Accident Suicid		ide Undetermined mar	ner
			, //-		MEDICAL EXAMINER	DATE SIGNED
SIGNA		cule	I I selly M.D		MEDICAL EXAMINER	7/21/65
	NER'S Charle	s S. Pe	tty, M Ø	ASSOCIATE	MEDICAL EXAMINER	7/31/65
23A. BURIAL CE	(rype)		C. NAME of CEMETERY	CREMATORY	23D. LOCATION (C	ity, tawn, ar county) (Stata)
REMOVAL (Spec		1	B 11 1	1 . 4 .	1 8-11	MAd.
BURI	9 L 8 - 4	-63	DATE IV	A TION	PAL DIPECTOR	ADDRESS
	D BY HEALTH DEPT.		OF REGISTRAR	1 A	AL DIRECTOR	701 Laurens S
AUG 3	1965, Robert	8 E. Ad	when the Co	MERT	ont tyet!	101 LAUrens o
VS 151-REV. 1/	1/65	1 8	V -3 -3			



Don to Myseu de l'Inferettoi

CERTIFICATE OF DEATH  Registered No. 65  CEASED  2. DATE AND HOUR OF DEATH  July 31,1965  EATH IN BALTIMORE, MARYLAND  A. USUAL RESIDENCE (Where deceosed lived. If institution: residence of the following of the control of the contr	7:45 F
EATH IN BALTIMORE, MARYLAND  OF (If not in hospital ar institution, give street oddress or location)  Little Sisters of The Poor Baltimore  1200 Valley ST,  BALTIMORE ML 21202  D. STREET ADDRESS (If rurol, give location)  1200 VALLEY ST.,	1:45 /
EATH IN BALTIMORE, MARYLAND  OF (If not in hospital ar institution, give street oddress or location)  Little Sisters of The Poor Baltimore  1200 Valley ST,  BALTIMORE ML 21202  D. STREET ADDRESS (If rurol, give location)  1200 VALLEY ST.,	1:45 A
FATH IN BALTIMORE, MARYLAND  OF (If not in hospital ar institution, give street oddress ar lacation)  Little Sisters of the Poor 1200 Uelley St.,  BALTIMORE MA 21202  BALTIMORE (Where deceosed lived. If institution: reside A. STATE B. COUNTY  M. D.  C. CITY OR TOWN (If autside city limits, write RURAL and g. Baltimore)  Baltimore  D. STREET ADDRESS (If rural, give lacation)  1200 VALLEY ST.,	dence before admi:
OF (If not in hospital ar institution, give street oddress ar lacation)  Little Sisters of the Poor 1200 Valley St, Baltimore md 21202  Baltimore St., County Mo.	10
oddress or location)  Little Sisters of The Poor Baltimore  1200 Valley ST, BALTIMORE ML 21202 D. STREET ADDRESS (If rural, give location) BALTIMORE ML 21202 1200 VALLEY ST.,	10
Little Sisters of the look Baltimore  1200 Valley ST, BALTIMORE ML 21202 1200 VALLEY ST.,	10-0
Baltimore md 21202 D. STREET ADDRESS (If rurol, give lacotion)  1200 VALLEY ST.,	give township)
Baltimore md 21202 D. STREET ADDRESS (If rurol, give lacotion)  1200 VALLEY ST.,	
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CUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote of foreign country) [12. CITIZEN	N OF
WHAT	COUNTRY?
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ME 14. MOTHER'S MAIDEN NAME	
Keeley Honora flaherty	
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Note that the state of the stat	DDRESS
315-07-0274 A Little Sisters of the BOR 1200 UK	alley St.,
CAUSE OF DEATH	TERVAL BETWEEN
ASE OR CONDITION DIRECTLY	NSET AND DEATH
LEADING TO DEATH  LEADING TO DEATH  (A) Pulmonory Reterms	
not meon the mode of dying, e.g., DUE TO	
o, osthenio, etc. It meons the disease,	
emplication which coused death.)	
ANTECEDENT CAUSES  (B)  DUE TO	
OR CONDITIONS, if ony, giving	
he obove couse (A) stoling the (C)	
<u> </u>	
NUMBER OF STREET	
NIFICANT CONDITIONS CONTRIBUTING DEATH BUT NOT RELATED TO THE	
R CONDITION CAUSING IT.	ONGO
OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS OF DE.	ATH?
ENT WAS UNDERLYING   21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID (If in Baltimate City, give a butling CAUSE OF home, form, factory, street, affice bldg., INJURY OCCUR?	exact lacotion)
ly medical examiner) etc.)	
(Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
While At Not While	
Wark At Wark	
y that (1) (this haspital) attended the decapased from 1964 to Sully	5/ 19 6
by that (I) (this haspital) attended the deceased from 1964 to fully so last sow the deceased alive and fully 31 1965 and that in (my) (aur) opinion death	accurred on the
	The on the
nd fram the causes stated abave. (I) (We) (did) (did nat) view the bady after death.	
TURE 23B. DATE	
concep (In see of M.D. Attending Med. Stoff Phys. Phys.	2.60
IAN'S 23D. ADDRESS	
(Type)	
9 1777, 2220	
(EMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or (Specify)	county) (St
. 0/2//= 44 6 44 4 6	
101 103 1001 1001 1000 11 11 11 11	BORES
D BY HEALTH DEPT. 125B NAME OF REGISTRAR 125C. FUNERAL DIRECTOR	
D BY HEALTH DEPT. 25B. NAME OF RECISTRAR 25C. FUNERAL DIRECTOR AT Moran, Inc. 3000 E. 1	0 , 0
. 0/2//= 44 6 44 4 6	LEONES:

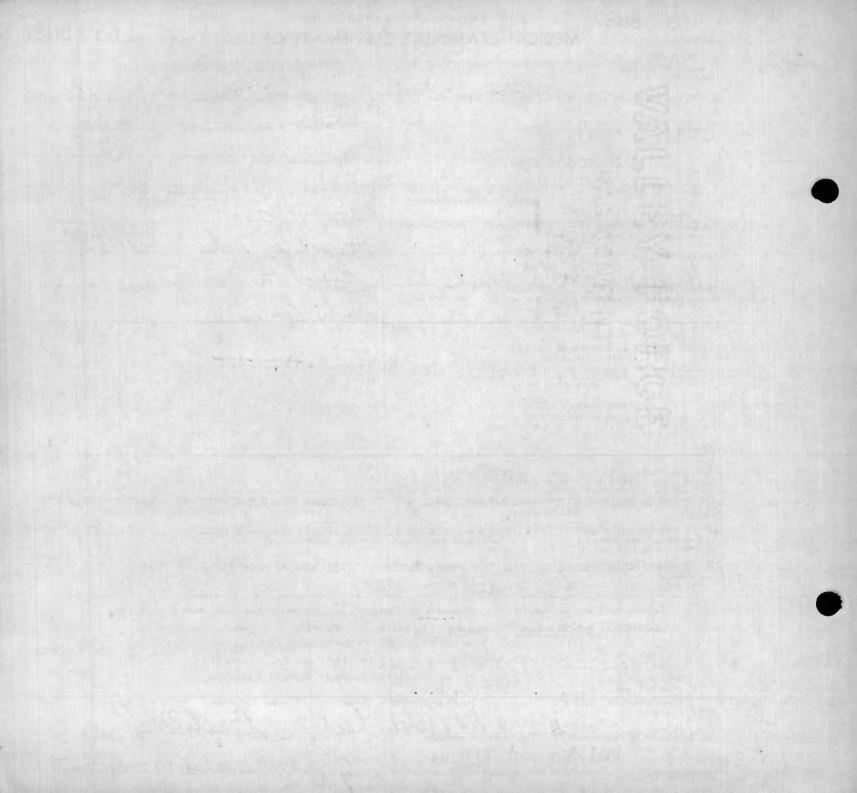


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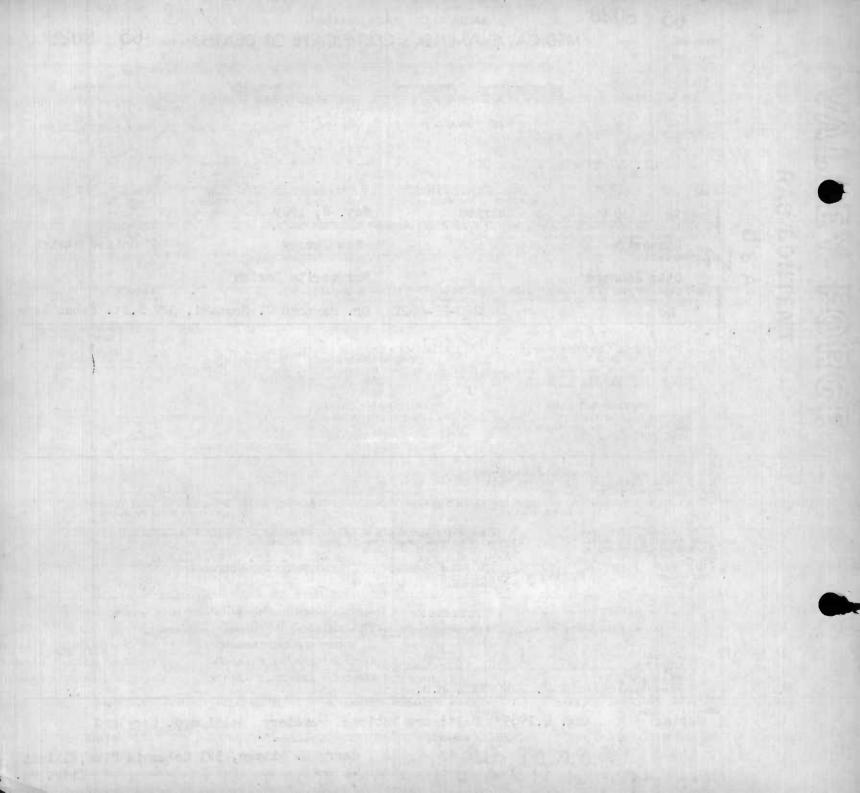
MEDICAL	EXAMINER'S	CERTIFICATE C	DE DEATH B	Registered No. 65
MILDICAL	LVWMIII 4FIV O	CENTILICATE	JI DLA 111"	agrarered mar

DO OUC	EPTIFICATE OF DEATH Registered No. 65 8027
BIRTH NO. MEDICAL EXAMINER'S C	ERTIFICATE OF DEATH Registered No. 00 8021
M.E. CASE NO.  1. NAME OF DECEASED	
(Type or Print)	2. DATE AND HOUR PRONOUNCED DEAD
GERTRUDE BURKETT  3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	8-1-65 3:45 P M.  14. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
S. FEACE IN BALLINOKE, WAKIEARD, WHERE PROPOSITED STAD	A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
INSTITUTION	14-03
531 PRESTMAN STREET	Baltimore  D. STREET ADDRESS (If rurol, give location)
JOI TRESIPAR STREET	531 Presstman Street
5. SEX   6. RACE   7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years   If Under 1 Yr. If Under 24 Hrs.
Female Colored WIDOWED, DIVORCED(specify)	Man 14-180( lost birthdoy) Months, Doys Hours, Min.
10A. USUAL OCCUPATION (Give kind of work TOB. KIND OF BUSINESS OR INDUSTR	11/447-1078
done during most of working lile, even if retired)	Hat country?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
101,11. nc man	flandett 2 miles
15. WAS DECEASED EVER IN U.S. ARMED FORCES?  16. SOCIAL	17. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	
100.	Sache Semus
18. / CAUSI	E OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	1
(This does not mean the made of dying e.g., (A)	ongestive heart failure
heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	
	teriosclerotic cardiovascular disease
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE	
UNDERLYING CONDITION LAST.	
Ó II	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  TO ALL DATE OF OPERATION 198, CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	No
	in or obout 21C. WHERE DID (If in Boltimore City, give exact location) office bldg., INJURY OCCUR?
<u> </u>	ALE HOW NO INTUNY OCCUPY
OF INJURY	
m. WORK L AT W	WHILE
22. I certify that I held an Inquiry Inspection X Au	stapsy and that an this basis, death in my apinian
resulted frams, Natural causes X Accident Suicid	de Hamicide Undetermined manner
111110	CHIEF MEDICAL EXAMINER
ACTUAL JOWNER	ASSISTANT MEDICAL EXAMINER
SIGNATURE M.D	ASSOCIATE MEDICAL EXAMINER X 8-2-65
NAME (Type) PETER W. RIECKERT, M.D.	
23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY (	of CREMATORY 23D. LOCATION (City, town, of county) (Stote)
Bungil &-4-1915+ Mt/hily	a Cal Ballinox
24A, DATE REC'D BY HEALTH DEPT. 24B, NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS
AUG 3 1965 P. P. P. T. T	follow Mill of the sea And

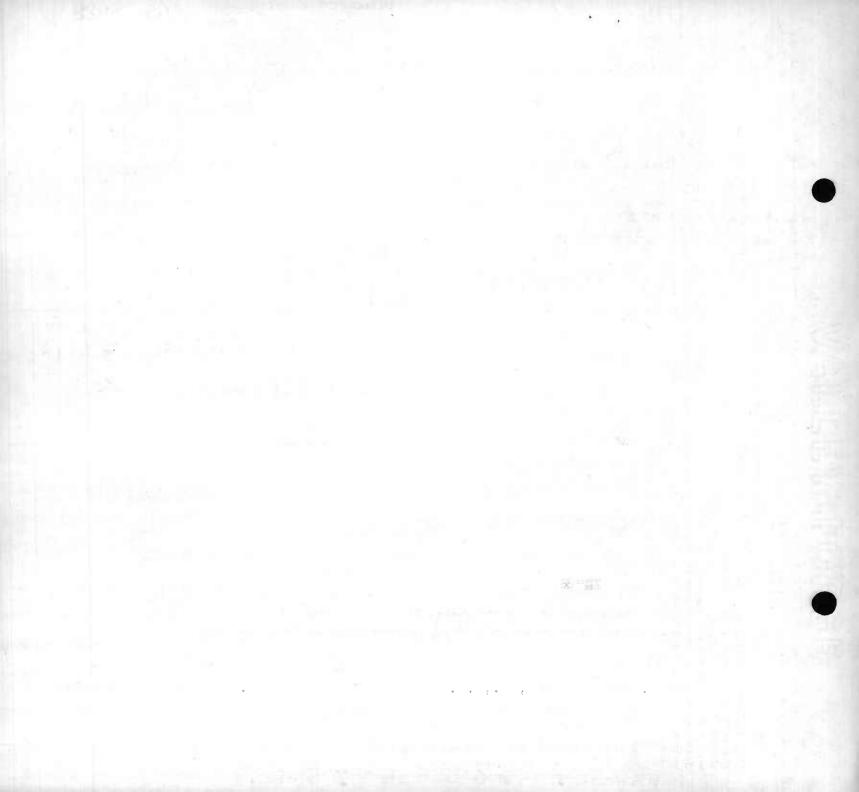


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1,			

BIRTH NO.	MED	CALE	KAMINEK 3 CI	EKTIFICAT	IE OF L	PEA I H Registe	red No.
M.E. CASE NO.							
1. NAME OF DEC	EASED					HOUR PRONOUNC	
	MAI	RGUERIT			8-1-		8:50 P M.
FULL NAME OF	(IF NOT IN HOSPIT		UNICED DEAD	Marylan	ıd	B. COL	Holland
HOSPITAL OR	ADDRESS OR LOCA	TION)		Ellicot		corporate limits, write	e RURAL ond give township)
ST	. AGNES HOSP	ITAL - I	OOA	D. STREET ADDI	RESS (If rurol,	give locotion) n's Lane	
5. SEX	6. RACE	7. MARRIED,	NEVER MARRIED	B. DATE OF BIRTI		9. AGE (In veots	If Under 1 Yr. If Under 24 Hrs.
Female	White	Mari	DIVORCED (specify)	Nov. 2,		lost birthdoy)	Months, Doys, Hours, Min.
lone during most of w House	PATION (Give kind of working life, even if retired) WIFE	10B. KIND O	F BUSINESS OR INDUSTRY	New Jer		country)	United States
3. FATHER'S NAM	E	10-11-11		14. MOTHER'S M	AIDEN NAME		
Otto	Johnson			Margueri	te Dori	on	
	O EVER IN U.S. ARMED		16. SOCIAL SECURITY NO.	17-INFORMANT			ADDRESS
No	at yes, give war or cole	S Of Service	220-22-4622	Dr. Raym	nond J.	Honaski, 32	29 S.St. Johns Land
DISEASES ( RISE TO THI UN DERLYIN	NTECENDENT CAUSE  OR CONDITIONS, IF A E ABOVE CAUSE (A) S' IG CONDITION LAST.  II  HIFICANT CONDITIONS	S .NY, GIVING TATING THE	(B)(C)				
TO THE DISEASE OF	DEATH BUT NOT RE CONDITION CAUSING	LATED TO 1	THE				
19A. DATE OF	OPERATION 198, CON WAS PER		WHICH OPERATION	NO NO		20B. IF YES, WERE FI IN CERTIFYING CAU	SES OF DEATH?
21A, EXTERNAL UNDERLYING UTING CAU	CAUSE WAS DOR CONTRIB- SE OF DEATH.	etc.)	PLACE OF INJURY (e.g., e, form, foctory, street, c			f in Soltimore City, gi John's Lar	
OF INJURY	(Month) (Day) Betwee	7:30	WHILE AT NOT	WHILE	bolod or	RY OCCUR? arbon monox	440
22.	1 03	PM·I			nateu ca	albon monox	<u>rue</u>
I cert	ify that I held an 1	nquiry 🔲			d that an thi	s basis, death in r	my apinian
resul	ted fram; Natural ca	uses	Accident Suicid	eXX Hamici	ide U	ndetermined mann	er
ACTUAL		NK	sell un	CHIEF M	EDICAL EX		DATE SIGNED
EXAMIN NAME (	FR'S	. RIECK	ERT, M.D.	ASSOCIATE M			8-2-65
REMOVAL (Specify Burial	MATION, 23B, DATE	23	Baltimore Na				, town, or county) (Stote)  Maryland
	BY HEALTH DEPT.		OF REGISTRAR		AL DIRECTOR		ADDRESS
AUG 3		8 E. F.				ce, 321 Col	umbia Pike, Ellicot
VS 151-REV. 1/1/	65	1 7 (	3 5 6 7	7 5	1		City, Mo



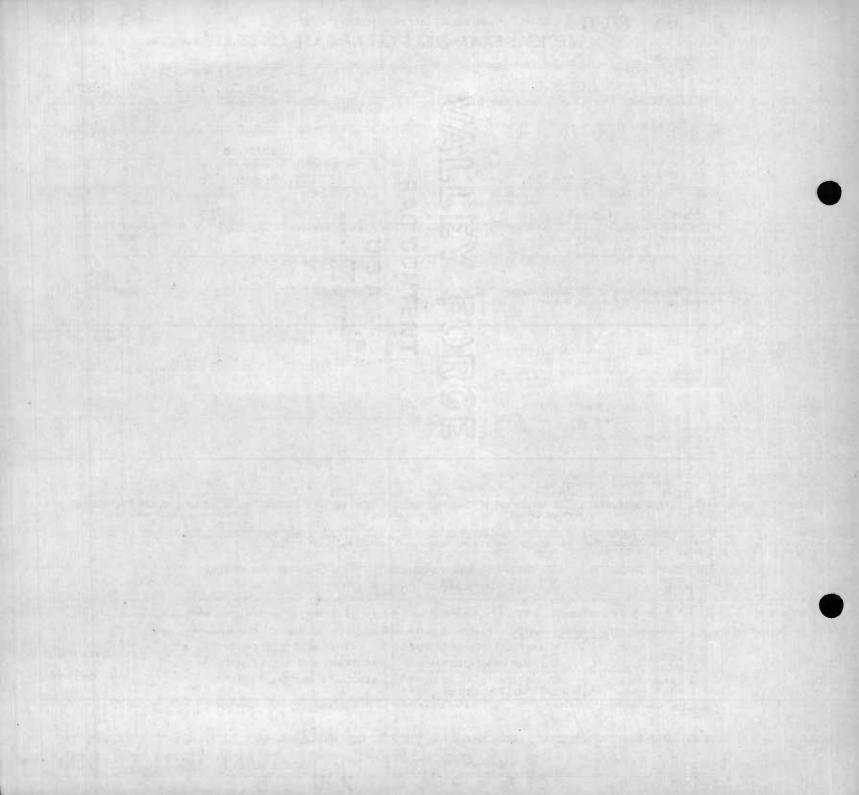
	BALTIMORE CITY	HEALTH DEPARTMENT	65	8029
BIRTH NO.	CERTIFICA	TE OF DEATH	Registered No.	0040
M.E. CASE NO.  1. NAME OF DECEASED			D HOUR OF DEATH	
Type or Print)	104	2. DATE AN		- FP
hauph Illiss to	sonna Marie	July	31,1965	3 1
PLACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B COUNT	e deceosed lived. It insti TY	tution: residence before odmis
FULL NAME OF (If not in hospital or institution	an awa street	M. I.		1 <- \n'')
HOSPITAL OR oddress or location)	on, give sheer	C. CITY OR TOWN (If out	side city limits, write RU	RAL and sive favorable
INSTITUTION		R	side city minis, while ko	KAL ONG GIVE IOWNSHIP)
1/ 1/		D. STREET ADDRESS	and the same of th	
Tassick Home		D. SIREEI ADDRESS	urol, give locotion)	
110001017		700 W. 4	-01h. JI.	
		DATE OF BIRTH	AGE (In years	If Under 1 Yr. , If Under 24 Months: Doys Hours M
E h) King	WED, DIVORCED (specify)	A) 15 1083	ost birthdoy)	vionins, Doys Hours M
A USUAL OCCUPATION (Give kind of work 108, KIND	OR BUSINESS OF INDUSTRY	1. BIRTHPLACE (Stote or foreign	O Country)	12, CITIZEN OF
one during most of working life, even if retired)	- I sosilitess ok intoosiki	O V TOTAL COLUMN OF TOTAL	jii coonny,	WHAT COUNTRY?
actorn forelada		Dalling	Mrd.	USA.
FATHER'S NAME	1	4. MOTHER'S MAIDEN NAM	AE	7
0 1111		71	2 141	( )
beorge, t. hauph			uise Mue	lev
. Was Deceased Ever in U. S. Armed forces? es, no or unknown) (If yes, give wor or dates of service	e) 1 6. SOCIAL SECURITY NO.	7. INFORMANT		ADDRESS
,, g,,,,,,,,,	215-63-6441A	HO KOO	RIA	K ' D
	7	11822 TRXX	~,1\/\.	Mesurech
18.334×1	CAUSE OF	DEATH		ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	R	0		0 1
LEADING TO DEATH	(A) ())/L	oncho nu	ecconia	24 hrs.
(This does not mean the mode of dying, e heart failure, asthenia, etc. It means the disea		()		
injury or complication which caused deoth.)	0	0 0 - 0	. 0	1-1~
ANTECEDENT CAUSES	(B) lee	brox Cerry	of elecote	0 10 900.
	DUE TO			1
DISEASES OR CONDITIONS, if ony, giv				V
UNDERLYING CONDITION last.	\\ \frac{1}{andthermoutternhau			
11				
OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING			
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
	OR WHICH OPERATION	20A, AUTOPSY? (Yes or No.	20B. IF YES WERE FIN	IDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION FO		20 A. AUTOPSY? (Yes or No)	IN CERTIFYING CAUS	ES OF DEATH?
21A. ACCIDENT WAS UNDERLYING	218 BLACE OF INTERVAL	at about 21 C. Wittens Dis	III in Buy	Manuscript Control Control
OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., in home, form, foctory, street, offi		tit in politimote C	City, give exact location)
DEATH (notify medical examiner)	etc.)			
	21E, INJURY OCCURRED	21 F. HOW DID INJU	JRY OCCUR?	
OF INJURY	While At Not While			
(APPROX.)	Work At Work			
22. 1 certify that (1) (this hospital) attende	d the deceased from De	5.12 19561	9 10 July	31 19 le
	Λ Λ			1
that (I) (we) lost saw the deceased alive of	(1) (1)		in (my) (our) oppinio	n deoth occurred on the
ond haur and fram the couses stated above	. (1) (We) (dit) (dld not) vi	ew the body after death.		V
23A. SIGNATURE			23	38. DATE SIGNED
S. N. L. 1. (10	M.D. Atten	ding Med.	Stoff C	82.65
23C BHYSICIA TO	Phys.	Director	Phys.	0.0.00
NAME Hunter Wilson, Jr.	M.D.	700 West 40th	. Street	The Keswick
2411011011111110111011	M.D.	1 30 11 000 10011		
A. BURIAL CREMATION, 248. DATE 240	NAME of CEMETERY OF CREA	AATORY 24D. LE	CATION (City,	town, or county) (Ste
REMOVAL (Specify)	11/	./6		- 7 1
Swiel 8/4/65	Vestern		also!	23. May
	E OF REGISTRAR	2SC. FUNERAL DIRECTOR	11	ADDRESS C
AUG 3 1965 (P.O. 6 &	starley M.D.	14 in Man of	Homo 111-	1 days a
FIGURE INTO THE PROBLET CAN	denter to	1 1 1810 / AT NOT / LAW 1/6 DN	10100 1111	I Am CUTIL HOLD HOLD

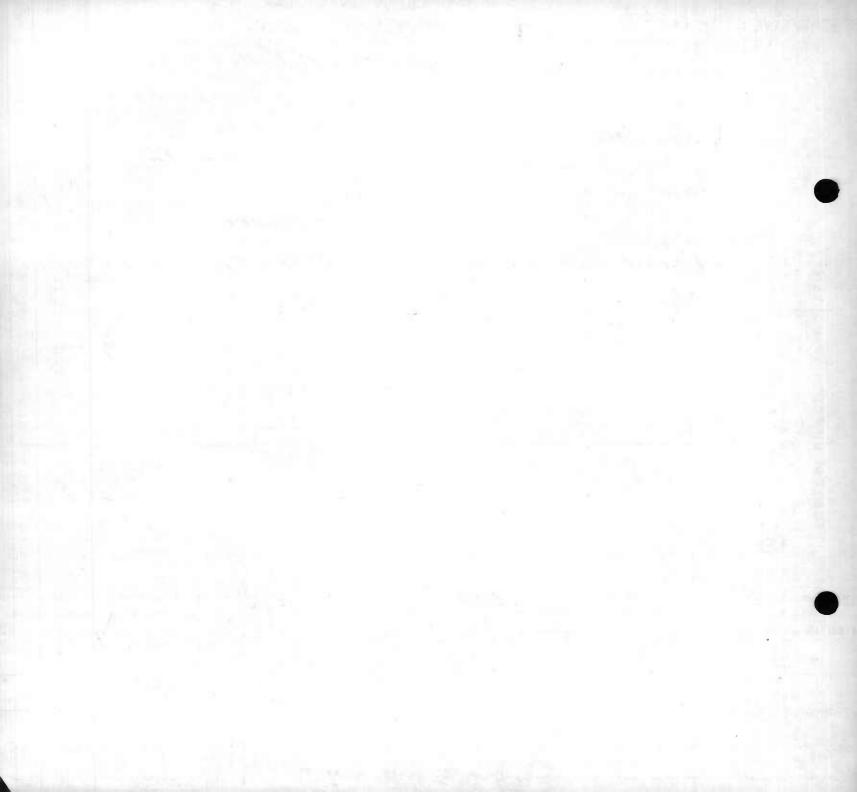


VS 151-REV. 1/1/65

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RTH	NO.	MED	ICAL EX	CAMINER'S C	ERTIFIC	ATE OF D	EATH Register	red No	
	CASE NO.								
	or Print)				YMAN		HOUR PRONOUNCE		
			LEE LAN		- H		29, 1965		2:20 p M.
. PL.	ACE IN BALTIMORE	MARYLAND, V	HERE PRONOL	JNCED DEAD	4. USUAL R		eceosed lived. If insti B. COU	NTY	nce belare odmissian
ULL	NAME OF (IF	NOT IN HOSPIT	AL OR INSTITU	JTION, GIVE STREET	C CITY OR	Maryla	na carporote limits, write	PILIDAL and	cive township
10SF NSTI	ITAL OR AD	DRESS OR LOC	ATION)		C. CITI OK			KUKAL GILD	give tawnship/
	n					Baltim		1/	- C 5/-
82	0. 57/ 11		0.1			ADDRESS (If rurol,			
		Preston				74 W. Pres		110 11 1 1 1	
. SE	6. RACI	B		NEVER MARRIED DIVORCED(specify)	B. DATE OF	BIRTH	9. AGE (In years lost birthdoy)		Yr. If Under 24 Hrs
f	emale co	olored			30.30		57		
	ISUAL OCCUPATION		IND OF	BUSINESS OR INDUSTR	Y 11. BIRTHPLA	CE (State or foreign	cauntry)	12. CITIZEN	OF COUNTRY?
Oll W	reining mass of working /	ne, even a tentoo,							
3. FA	THER'S NAME				14. MOTHER	S MAIDEN NAME			
					1 2				
	AS DECEASED EVER			16. SO CIAL SECURITY NO.	17. INFORMA	NT		ADDRESS	
ies,	na ar unknawn) (If yes,	give wor ar dor	es at servicer	SECORIT NO.	ROLL				
111		6		CALLS	E OF DEATH			Tr	NTERVAL BETWEEN
	508/10	Q 1		CAOS	E OF DEATH				NSET AND DEATH
		CONDITION D		Fatts	motamo	rphosis of	the liver		
	(This does not mea	n the made a	f dving e.g.	DUE TO	mecano	TOHOSIS OI	cue ilvei		
	heart failure, astheni injury or complicatio	n which coused	deoth.)						
	ANTECE	NDENT CAUS	EC					35000	
	DISEASES OR CO			(B)DUE TO					
	RISE TO THE ABOV	E CAUSE (A) S	TATING THE	501.10				Ya a	
z	ONDEREINIO COI	NOTITOR EAST.		(C)					
임는		II							
FICATION	OTHER SIGNIFICAN	IT CONDITIONS						THE REAL PROPERTY.	
	TO THE DEATH			nt					•
	A. DATE OF OPERA		NDITION FOR	WHICH OPERATION	20A. AUTO		OB. IF YES, WERE FIR		
O	7	WAY LE	KFOKMED		Y	es "	Yes	ES OF DEA	in:
	A. EXTERNAL CAUS		21 B.	PLACE OF INJURY (e.g., form, foctory, street,	in ar obaut 21	C. WHERE DID (II	in Baltimore City, gi	re exact lace	ntion)
	TING CAUSE OF	DEATH.	etc.)	, 10111, 1001017, 311001,	3,100 5,000,114	JOHN OCCOR.			
Z _	ID TIME (Month	i) (Doy) (Yes	or) (Hour) 2	IE. INJURY OCCURRED	21	F. HOW DID INJUI	Y OCCUR?		
	F INJURY APPROX.)			WHILE AT NOT	WHILE				
	2,		m. V	VORK LAT	WORK L				
-		t I held on	Inquiry 🗌	InspectionAu	utopsy X	ond that on this	bosis, deoth in n	y apinion	
	resulted from	m: Notural co	uses X A	Accident Suich	de Ho	micide U	ndetermined monne	or 🗌	
		10/1	A	- 1	CHIE	F MEDICAL EXA	MINER		
	ACTUAL	1(1)	14 Cu	when.	ASSISTAN	T MEDICAL EXA	MINER		DATE SIGNED
	SIGNATURE_	1000	7 - 3	y. 1		E MEDICAL EX			8-16-65
	EXAMINER'S NAME (Type)	Rudiger	Breite	necker /	ASSOCIAT	L MEDICAL LA		S-EN	
	BURIAL CREMATION			C. NAME of CEMETERY	PI CREMATOR	M R 1 (35). LQ	CATION Y ACIN.	wn, or cou	inty) (Stote)
REM	OVAL (Specify)	8/3/	65	74111401	12 201		T. T. T. D. T. T.		
) A A	DATE REC'D BY HEA	UTH DEPT	I AR ALABAT	OF BEGISTAGE VED	SITY	NERAL DIRECTOR	SCHOOL	AD	DRESS
4A.		65	A MAME	OF REGISTRAR	AL MIZEC. PU	AN ON BURELION	DAI CEL	AD	DOITE
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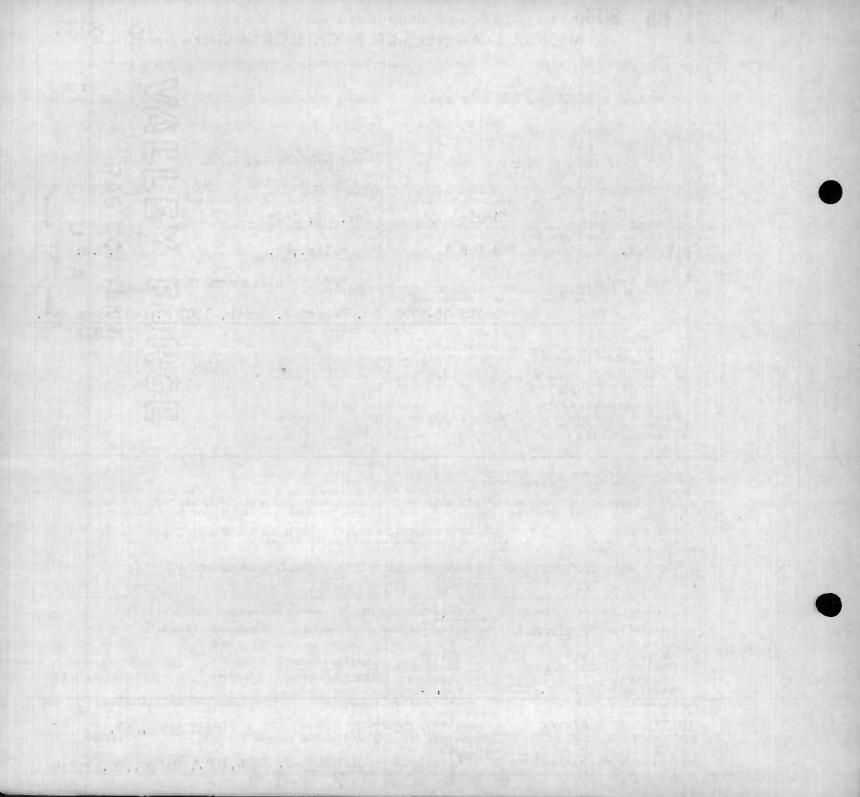






VS 151-REV. 1/1/65

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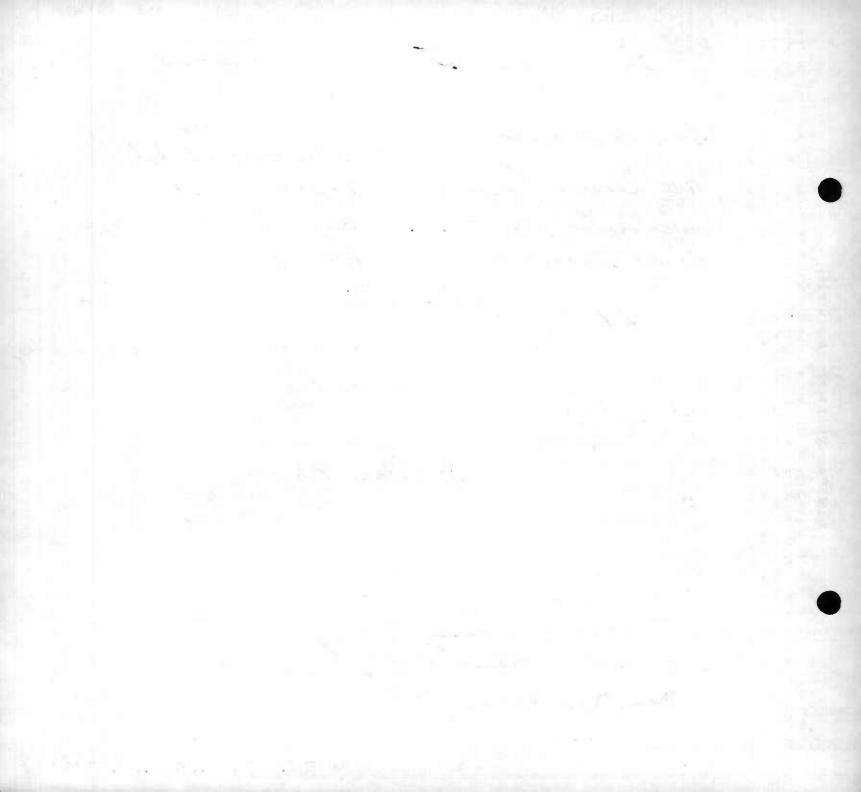


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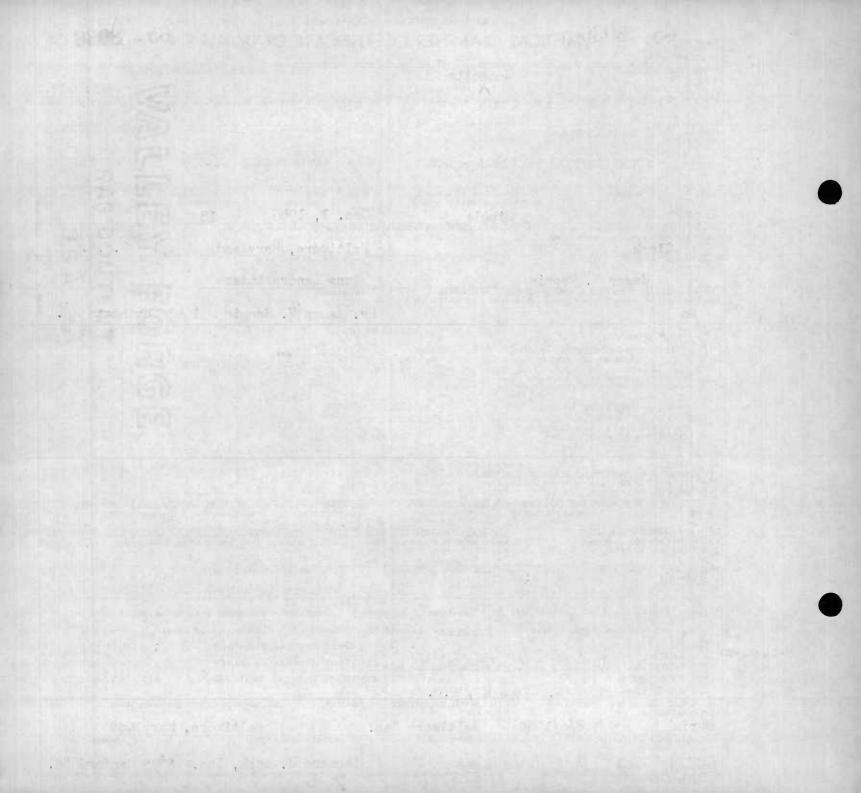
DIRECTOR:

FUNERAL

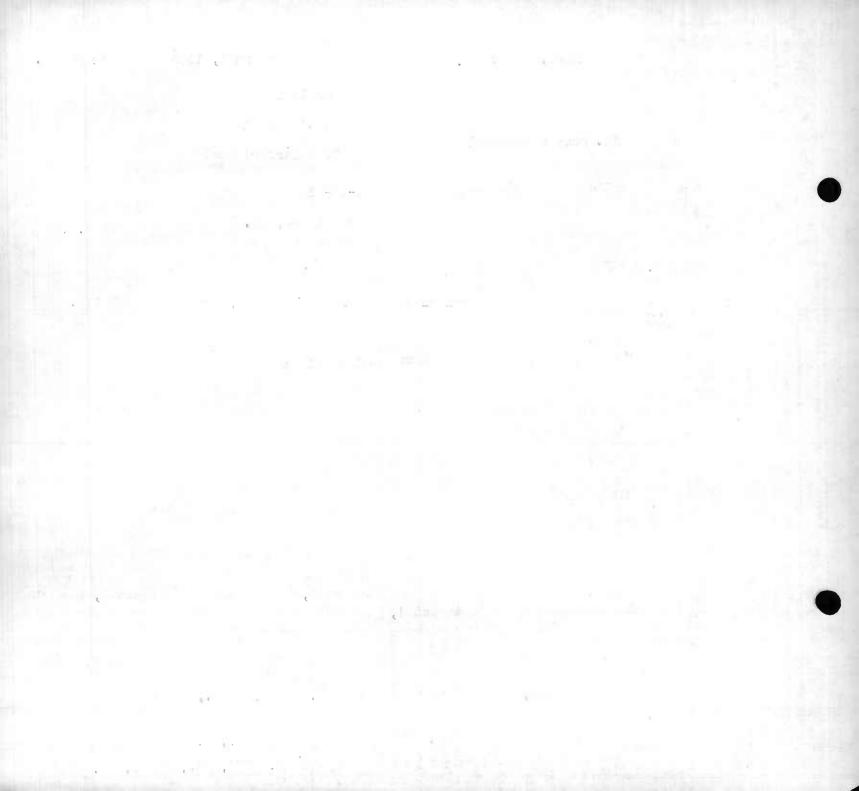
BALTIMORE CITY HEALTH DEPARTMENT



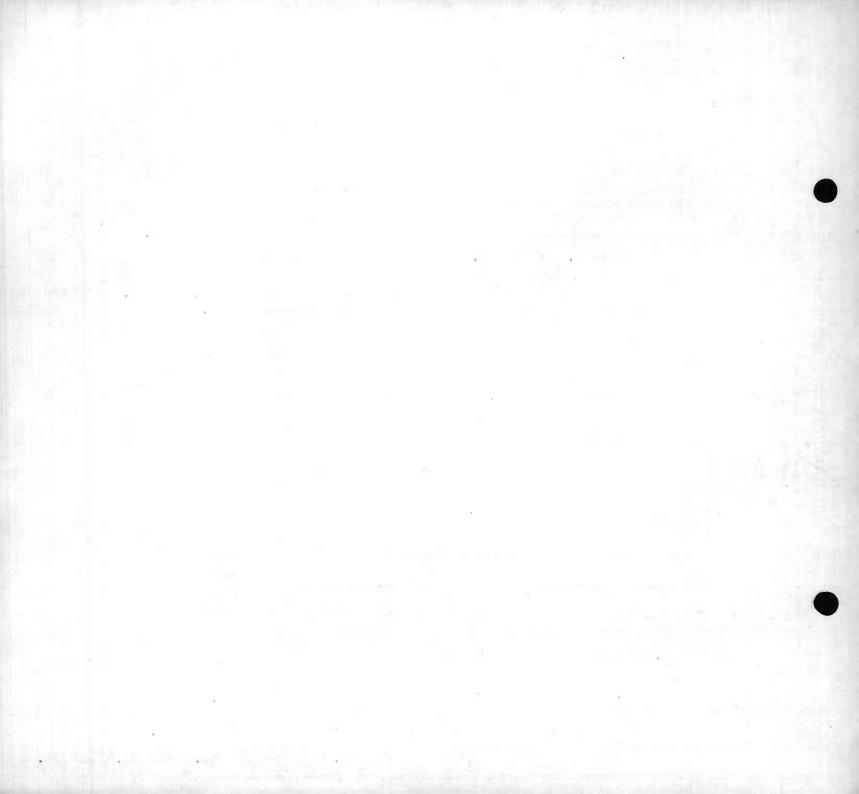
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M.E. CASE NO.	MILL	ICAL L	VAMILLEY 2	LKIIIICAI	E OF DE	A I II Kegisi	erea 140	700
T. NAME OF DE	CEASED	Jes	anette		2. DATE AND	HOUR PRONOUNG	ED DEAD	•
trype or runt)	ВА	RBARA	↑ RENNIE		8-1-6	55		5:00 P.
3. PLACE IN BAL	TIMORE, MARYLAND, V	WHERE PRONO	UNCED DEAD	4. USUAL RESIDE	NCE (Where dec	eosed lived. If in		
FULL NAME OF	(IF NOT IN HOSPI	TAL OR INSTIT	TUTION, GIVE STREET	Maryland	N (If autaida a		DILDAL	
HOSPITAL OR	ADDRESS OR LOC	ATION)		C. CITY OR TOW		arparate limits, wil	e KUKAL and g	ive tawnsnip)
7	OHNS HOPKINS	HOSPIT	AT DOA	Baltimor D. STREET ADDRE		ve location)	07	
	OIMO HOLKIND	, HODI II	DOLL		orth Gate			
5. SEX	6. RACE		, NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years		Yr. If Under 24 H
Female	White	-	DIVORCED (specify)	Dec. 1.	1046	last birthdoyl	Months Doy	s Hours Min
IOA. USUAL OCC		rk TOB. KIND C	OF BUSINESS OR INDUST				12. CITIZEN	OF
cle:	working life, even if retired) PK			Baltimore	e. Marvl	and	U.S	OUNTRY?
3. FATHER'S NAM				14. MOTHER'S MA	IDEN NAME			
	James V. Reni	nie			nora Luc	as		
	ED EVER IN U.S. ARME		16. SOCIAL SECURITY NO.	17. INFORMANT	15.0		ADDRESS	
No				Mr. James	V. Renn	ie 1543	Northga	te Rd.
18.	16.4.		CAUS	E OF DEATH				TERVAL BETWEEN
DISEA	SE OR CONDITION D							ISET AND DEAT
(This does	LEADING TO DEAT		(A) Hen	noperitoneum	and her	nothorax,	right	
heart failure	e, asthenia, etc. It mean	ns the disease,	DUE TO					
1000000								
	OR CONDITIONS, IF		(B)DUE TO					
	IE ABOVE CAUSE (A)							
Z			(C)					
OTHER SIGNOTHE DISEASE OF 19A. DATE OF	II NIFICANT CONDITIONS	CONTRIBUT	ING					
O THE	DEATH BUT NOT R	ELATED TO	THE					
19A. DATE O	F OPERATION 198. CO	NDITION FOR	WHICH OPERATION	20A. AUTOPSY?	(Yes or Na) 201	B. IF YES, WERE F	INDINGS CON:	SIDERED
0 2	WAS PE	RFORMED		Par. Auto	new	CERTIFYING CAL		
	L CAUSE WAS	21 B.	PLACE OF INJURY (e.g. e, form, factory, street,	in ar about 21C. Wh	HERE DID (IF	n Baltimare City,	ive exact lacati	on) Ft. North
	SE OF DEATH.	etc.)	Road		Perry Ha		- 900	rt. North
21 D TIME OF INJURY	(Manth) (Day) (Ye	or) 4 (H28)	21E. INJURY OCCURRED		W DID INJURY	OCCUP2	ded on w	ot road
(APPROX.)	8 1 '6	F -	WHILE AT NOT	WHILE X Driv	er in a	uto-auto		
22.				artial				~
	tify that I held an					osis, deoth In		
resu	Ited from: Notural co	ouses	Accident A Suici	de Homicid		etermined mann	er	
ACTUA	LAAL	9/10	01/		DICAL EXAM	-	D	ATE SIGNED
SIGNAT		J MIX	M.I	ASSISTANT ME ASSOCIATE ME				
NAME (	_ \	RTECKE	RT, M.D.	ASSOCIATE ME	DICAL EXA	MINER		8-2-65
23A, BURIAL CRE	MATION, 238 DATE		3C. NAME OF CEMETERY	ar CREMATORY	23D. LOC	ATION (City	, tawn, or count	ty) (State)
REMOVAL (Specific Burial	8/6/	1065	Baltimore C	om.	Ral	timore, M	hae fure	
	BY HEALTH DEPT.		OF REGISTRAR	24C. FUNERAL		. ormore, 1	ADD	RESS
		2.00						
Alic 2	1965 A.O. B	a I	2. 44	Leonard	J. Ruck	Tno	305 Harf	ond Dd



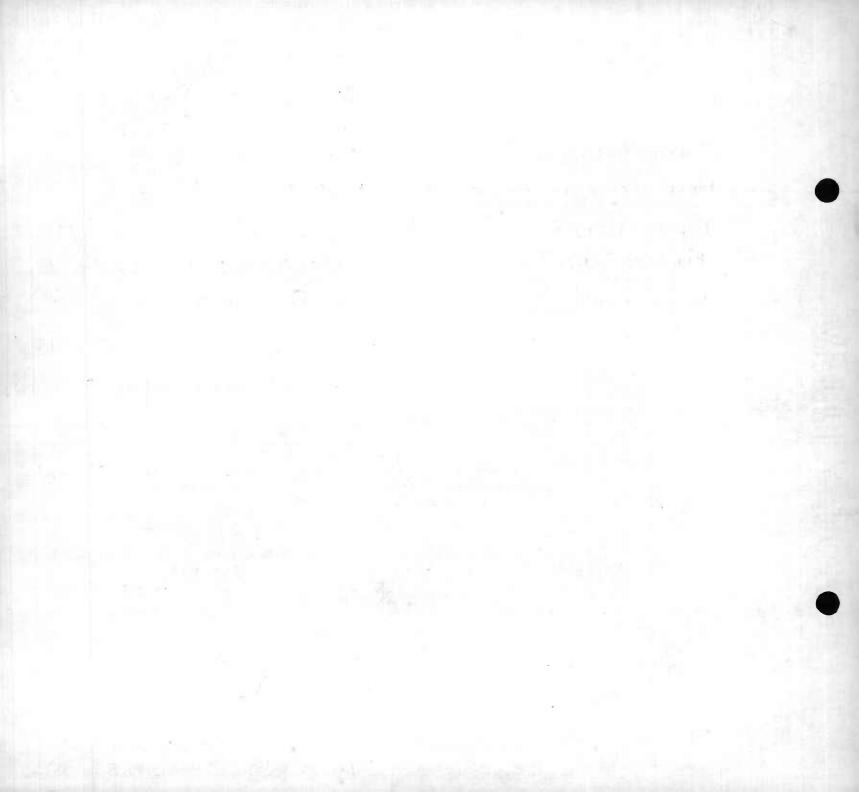
ype or Print)	Root.	Jesse	Ε.		ust 1, 1965	
PLACE OF D	EATH IN BALTIMORE, MA		22 4	4. USUAL RESIDENCE (Whe	re deceased lived. If	institution: residence before admix
FULL NAME HOSPITAL OR INSTITUTION		1)		Maryland  C. CITY OR TOWN (If ou Baltimore 7)  D. STREET ADDRESS (IF	tside city limits, write	RURAL and give lownship)
	DC TOSEPI	Tospi	UA.L	2300 Harfo		
SEX	6. RACE	7. MARRIED	, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Months Doys Hours Mi
Male	White		D, DIVORCED (specify)	6-15-22	lost birthdoy)	Months Days Hours Mi
	CUPATION (Give kind of work f working life, even if retired)			11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
LABOROR.	r working life, even it refired)			Baltimore, Mo	d.	U.S.A
FATHER'S NA	ME			14. MOTHER'S MAIDEN NA	ME	V.U.X
THEOD IN	DOOM			NONA M		
JESSE E	d Ever in U. S. Armed For	cex?	1 6. SOCIAL	NONA M.		ADDRESS
es, no or unknov	(If yes, give wor or date	s of service)	SECURITY NO.			
100 3 7 4			215-12-8378	MRS. WILLIAM PE	ETR, 4913 H	
18.34 /	ASE OR CONDITION DIR		CAUSE O	F DEATH		ONSET AND DEATH
heart failure injury ar ca	nal mean the made of , astheria, etc. It means implication which caused ANTECEDENT CAUSES OR CONDITIONS, if	the disease, death.)	(B)	rdiac failure		
DISEASES rise la I UNDERLYIN  OTHER SIGN TO THE	, aslhenia, etc. II means implication which caused ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A) IG CONDITION last.	the disease, death.)  any, giving stating the ONTRIBUTIN	(B) DUE TO	rdiac failure		
DISEASES rise la I UNDERLYIN  OTHER SIGN TO THE DISEASE OI	, aslhenia, etc. II means implication which caused ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A) IG CONDITION last.	the disease, death.)  any. giving stating the ONTRIBUTIN TED TO THE.	(B) DUE TO (C)	20 A. AUTOPSY? (Yes or No	D) 208. IF YES, WERE	E FINDINGS CONSIDERED AUSES OF DEATH?
DISEASES rise la I UNDERLYIN  OTHER SIGN TO THE DISEASE OI 19A-DATE CO 21A-ACCID OR CONTRIE	, aslhenia, etc. II means implication which caused ANTECEDENT CAUSES OR CONDITIONS, if the abave cause (A) if CONDITION last.  II	the disease, death.)  any. giving stating the Stating	(B) DUE TO (C)  G  G  BE  WHICH OPERATION  3. PLACE OF INJURY (e.g., in ne, form, foctory, street, of		208. IF YES, WERE	FINDINGS CONSIDERED
DISEASES rise la I UNDERLYIN  OTHER SIGN TO THE DISEASE OI 19A-DATE CO 21A-ACCID OR CONTRIE	ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A) (I) CONDITION (A) (I) CONDIT	the disease, death.)  ony, giving stating the stating	GBDUE TO  (C)  GAE  WHICH OPERATION  B. PLACE OF INJURY (e.g., in me, form, foctory, street, of me, form, foctory, street, of mile At Not While	20A. AUTOPSY? (Yes or No. Yes 1 or obout 21C. WHERE DID INJURY OCCUR? 21F. HOW DID INJ	20B. IF YES, WERE IN CERTIFYING C.	E FINDINGS CONSIDERED AUSES OF DEATH?
DISEASES tise la I UNDERLYIN  OTHER SIGT TO THE DISEASE OI 19A. DATE OF DEATH (not)  21D. TIME OF INJURY (APPROX.)  22. I certif that (I) (we	ANTECEDENT CAUSES OR CONDITIONS, if the abave cause (A) IG CONDITION last.  II STATE OF THE ANTER OF THE ANTE OF THE	the disease, death.)  any, giving stating the CONTRIBUTIN TED TO THE.  DITON FOR CORMED  (Hour) 218  (Hour) 218  WW. W. W. W. W. Control of the control of t	GG  GG  HE  WHICH OPERATION  3. PLACE OF INJURY (e.g., inne, form, foctory, street, of book At Work  The deceased from t	20A. AUTOPSY? (Yes or No Yes or No Yes or obout 21C. WHERE DID fice bldg., INJURY OCCUR?  21F. HOW DID INJe  19.65 and the liew the body after death.	OF THE STATE OF TH	FINDINGS CONSIDERED AUSES OF DEATH? Yes  Ore City, give exact locotion)  August 1, 19 6  pinian deoth accurred on the
DISEASES tise la I UNDERLYIN  OTHER SIGT TO THE DISEASE OI 19A. DATE O 21A. ACCID OR CONTRIE DEATH (noti 21D. TIME OF INJURY (APPROX.)  22. I certif that (I) (we and hour or 23A. SIGNAT	ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A) is CONDITIONS (A) is conditions to the condition of	the disease, death.)  any. giving stating the CONTRIBUTIN TED TO THE.  DITON FOR CORMED  (Hour) 21E WW. WW. WW. WW. WW. WW. WW. WW. WW. WW	GG  GG  TE  WHICH OPERATION  3. PLACE OF INJURY (e.g., in me, form, foctory, street, of line).  INJURY OCCURRED hile At Work  The deceased from	20A. AUTOPSY? (Yes or No Yes or No Yes or or obout 21C. WHERE DID INJURY OCCUR?  21F. HOW DID INJ  21F. HOW DID INJ  21F. How DID INJ  21F. How DID INJ  Mugust 1.  19 65 and the death.  inding Med.  S. Med.  23D. ADDRESS  1400 N. Caroli	OF Stoff Phys. X	August 1, 19 (2) Pinian deoth accurred on the August 2, 1965

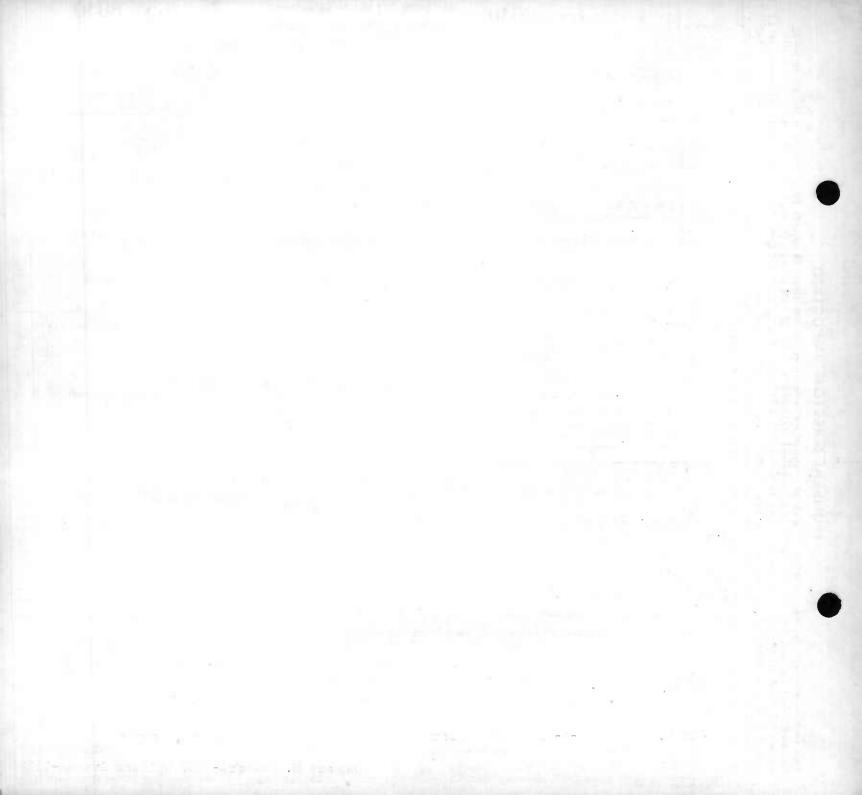


VS 150-REV. 1/1/65



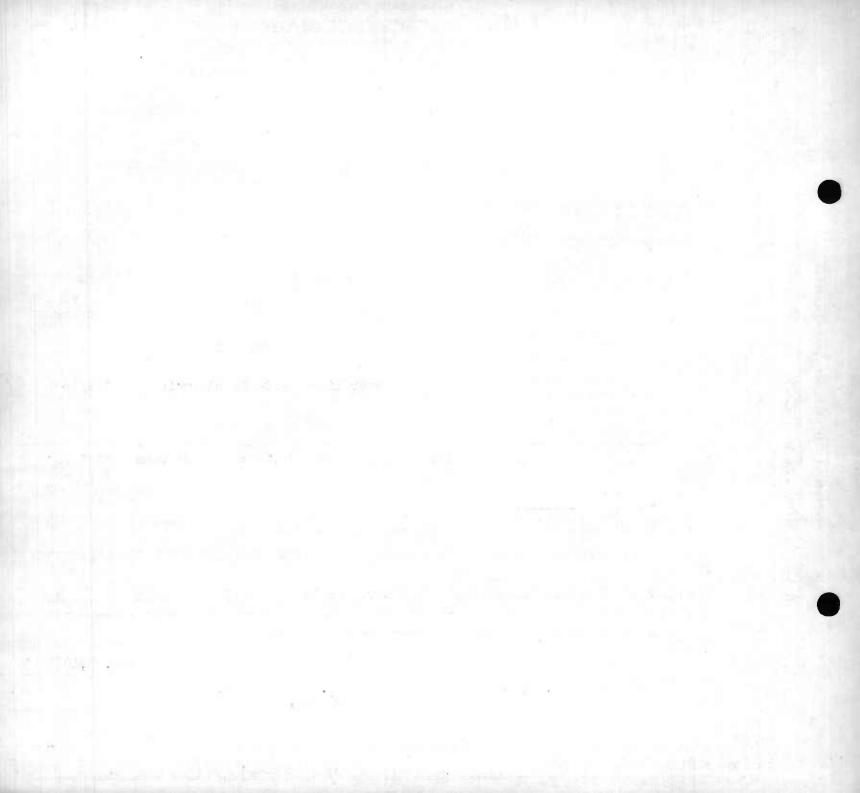
	BALTIMORE CITY	HEALTH DEPARTMEN		05 0000
BIRTH NO. M.E. CASE NO. 65 8039	CERTIFICA	TE OF DEAT	H Registered Na.	po 8038
M.E. CASE NO.  1, NAME OF DECEASED		2. DA1	E AND HOUR OF DEATH	10
(Type or Print) CLARENCE ANTONE	BENNE	TT J	1LY 29,191	518-
3. PLACE OF DEATH IN SALTIMORE, MARYLAND		4. USUAL RESIDENCE	(Where deceased lived, If in	stitution: residence before admission)
		A. STATE B. C	COUNTY	A. TIMING CA
FULL NAME OF (If net in hospitel er institution, give HOSPITAL OR eddress or location)	street	C. CITY OR TOWN	(If outside city limits, write	TUTTORE (1)
INSTITUTION				1
		D. STREET ADDRESS	(If turol, give location)	4 21254
SINAI HOSPITAL of BAUTI	IMORE IN	7617 DA	ANIEL AVET	WIF 2
5. SEX 6. RACE 7. MARRIED, NE		8. DATE OF BIRTH		
MIDOWED, D	DIVORCED (specify)		9. AGE (In years lest birthdey)	If Under 1 Yr. If Under 24 Hrs. Menths Deys Heurs Min.
MALE CAUCASIAN MARRIOL USUAL OCCUPATION (Give kind of work 108, KIND OF BU	(E)	12-24-98	PP	10 CIFICAL OF
done during most el werking life, even if retired)	MORC	-	A .	12. CITIZEN OF WHAT COUNTRY?
TROLLEY OPERATOR TRANS	SIT CO.	BACTIMOR	E, MD.	U.S.A.
13. FATHER'S NAME		14. MOTHERS MAIDEN		
HOWARD JOHN BENNE		11111	BECKER	Dullin E
15. Was Deceased Ever in U. S. Armed Forces? 16.	SOCIAL	17. INFORMANT	BECKER	ADDRESS
(Yes, no or unknown)(() yes, give wor or dotes of service)	SECHIPITY NO			
U.S. NAW WWI 2	12-10-1054	TEARLEAT	HERINE BENN	EII AVE
18.20/XI	CAUSE O	FDEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	1611	VACMOTALA	LADATAV	12 0010
(This does not mean the made et dying, e.g.,	(A)	KOENCEPHA	WITTHY	CYAVCI
heart failure, asthenia, etc. It means the disease,	201 10			
injury or complication which coused deeth.)	DISS	EMINATED	HODEKIN'S	DISEASE 2 YEAR
ANTECEDENT CAUSES	DUE TO	STATE OF THE STATE		7 130
DISEASES OR CONDITIONS, if eny, giving	100			
rise to the above cause (A) stating the UNDERLYING CONDITION last.	(C)			
II.	01	Dar	A	
Z CTUER SIGNIFICANT COMPUTANTS CONTRIBUTIONS			Mara E	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Co	NGESTIVE	HEART TAIL	WRE Y YEARS
		20A. AUTOPSY? (Yes	er No. 208, IF YES, WERE	FINDINGS CONSIDERED
E G WONE	ONE	YES		
TO CONTRIBUTING CAUSE OF	ACE OF INJURY (e.g., in ferm, fectory, street of	or ebout 21C. WHERE D	R? 1 9 (If in Boltimere	City, give exect lecetien)
DEATH (netify medical examiner)	NONE		NONE	
O 21 D. TIME (Menth) (Dey) (Year) (Hour) 21 E. INJ	JURY OCCURRED	21F. HOW DIE	INJURY OCCUR?	
(APPROX.) NONE While A	AI DINONKHI)	6	NOALE	
TO 10 O WORK			10 (5	2/2965
22. I certify that (1) (this hospital) attended the d	700	- Tomas	19 6.5. to	7/29 19 65
that (I) (we) lost saw the deceased alive an	44			nlan death accurred on the dat
and haur and fram the causes stated above. (1) (W	We) (did) (did nat) v	lew the bady after de	ath.	
23A. SIGNATURE	1.			23B. DATE/SIGNED
Joseph X: Wein.	Atte Phy	nding Med. Director	Staff Phys.	7/27/65
23C PHYSICIANS		23D. ADDRESS	λ	1 1
	M.D.	SINIAI	HOSP. of	BAITIMORE
Joseph S. Weinstock	E of CEMETERY of CRE	MATORY 124		ty, town, er county) (Stote)
REMOVAL (Specily)				
BuriAL 8-2-1965 Park	wood Cometer	.A	Baltimore, Co.	Md /
	REGISTRAR	25C. FUNERAL DIRE	CTOR	ADDRESS (30
AUG 3 1965 Robert En Fail	beyfell o	Joseph D	Lower Hon	7401 Below Road
'S 150-REV. 1/1/65	Way!	d and help	No.	





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FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such
	二十二	ŏ₹

1. N	H NO. 65 804  CASE NO. AME OF DECEASED 7	CERTIFICA	TE OF DEATH	Registered No.	5 8041
	e or Print) Philip	MALLEK	AUG	2,1965	1 2:15 P.
3. P	LACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B. COUNT	deceased lived. If inst	itution: residence befare admiss
H	OLL NAME OF (If not in hospital or institution)	ution, give street	C. CITY OR TOWN (If outs	ide city limits, write RU	IRAL ond give township)
2"	NSTITUTION		BAHIMO		
2	917 E. BOITIMORE	St.		TTERSON	PARK AUS
5. S	o A WID	RRIED, NEVER MARRIED OWED, DIVORCED (specify)	B. DATE OF BIRTH	ost birthdoy)	If Under 1 Yı. If Under 24 Months Doys Hours Mi
	USUAL OCCUPATION (Give kind of work 108, KIN		11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF
- 70-	ESIGNER C/0	Thina	Poland		WHAT COUNTRY?
	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E	
		No		-	
15. V (Yes	Was Deceased Ever in U. S. Armed Forces? , no or unknown)(If yes, give wor or dotes of ser	vice) 1 6. SOCIAL	17. INFORMANT		ADDRESS
	No	JECOKIII NO.	MR. Enil Holl	m 2606 F	BOLTIMORE.
	18. 42011	CAUSE O		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(A)	Coronary Thron	bosis	8/2/65
	(This does not mean the made of dying, heart failure, asthenia, etc. It means the dis injury at camplication which caused death.)	e.g., DUE TO			- 1-1-6
	ANTECEDENT CAUSES	(B)	neralized Arter	iosclerosis	1/2/56
	DISEASES OR CONDITIONS, if any,	DUE TO			
	rise la lhe abave cause (A) stating	lhe (C)			
	UNDERLYING CONDITION last.				***************************************
ATION	II OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO		ic Neuralgia,lef	t side of fa	/ / /
RTIFICATION	II OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	FOR WHICH OPERATION	ic Neuralgia, lef		6/29/65
AL CERTIFIC	OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION	No	20B. IF YES, WERE FIN IN CERTIFYING CAUS	6/29/65
AL CERTIFIC	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED WAS PERFORMED CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Hour)	FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)  21E. INJURY OCCURRED	20A. AUTOPSY? (Yes of No) No tol obout 21C. WHERE DID fice bidg., INJURY OCCUR?	20B. IF YES, WERE FIN IN CERTIFYING CAUS (If in Boltimore (	6/29/65 NDINGS CONSIDERED SES OF DEATH?
MEDICAL CERTIFIC	OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION NONE  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	20A. AUTOPSY? (Yes of No) No tol obout 21C. WHERE DID fice bidg., INJURY OCCUR?	20B. IF YES, WERE FIN IN CERTIFYING CAUS (If in Boltimore (	6/29/65 NDINGS CONSIDERED SES OF DEATH?
MEDICAL CERTIFIC	OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	O THE Anemia  FOR WHICH OPERATION  218. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)  218. INJURY OCCURRED  While At Not While Work	NO NO 1 of obout 21C. WHERE DID fice bidg., INJURY OCCUR?	20B. IF YES, WERE FIR IN CERTIFYING CAUS (If in Boltimore of	6/29/65 NDINGS CONSIDERED SES OF DEATH?  City, give exact locotion)
MEDICAL CERTIFIC	OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION NOTE  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)  21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY	O THE Anemia  FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)  21E. INJURY OCCURRED  While At Not Whill Nork  ded the deceased from NC	20A. AUTOPSY? (Yes of No) No 1 of obout 21C. WHERE DID fice bldg., INJURY OCCUR?  21F. HOW DID INJU  vember 16	20B. IF YES, WERE FIF IN CERTIFYING CAUS  (If in Baltimore ()  RY OCCUR?	6/29/65  NDINGS CONSIDERED LES OF DEATH?  City, give exact location)
MEDICAL CERTIFIC	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)  22. I certify that (I) (this hospital) attention the contribution of the	O THE Anemia  FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)  21E. INJURY OCCURRED  While At Not Whill At Work  ded the deceased from Not an July 26	No No No 1 ol obout 21C. WHERE DID fice bldg., INJURY OCCUR?  21F. HOW DID INJURY  Vember 16 1965 and the	20B. IF YES, WERE FIF IN CERTIFYING CAUS  (If in Baltimore ()  RY OCCUR?	6/29/65  NDINGS CONSIDERED LES OF DEATH?  City, give exact location)
MEDICAL CERTIFIC	OTHER SIGNIFICANT CONDITIONS CONTRIBE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)  21D. TIME (Month) (Day) (Year) (Hour) OF INJURY (APPROX.)  22. I certify that (I) (this hospital) attenthat (I) (we) last saw the deceased allventhal control or contributions.	O THE Anemia  FOR WHICH OPERATION  218. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)  21E. INJURY OCCURRED  While At Not While At Work  ded the deceased from Not who an July 26  ve. (1) (***) (did) (did not) very constant of the etc.)	No No No 1 of obout 21C. WHERE DID fice bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. How DID INJURY OCCUR?  19 65 and the liew the bady after death.	20B. IF YES, WERE FILE IN CERTIFYING CAUS  (If in Boltimore of the control of the	6/29/65  NDINGS CONSIDERED LES OF DEATH?  City, give exact location)
MEDICAL CERTIFIC	OTHER SIGNIFICANT CONDITIONS CONTRIBE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)  21D. TIME (Month) (Day) (Year) (Hour) OF INJURY (APPROX.)  22. I certify that (I) (this hospital) attenthat (I) (we) last saw the deceased allowed and hour and from the causes stoted oba	O THE Anemia  FOR WHICH OPERATION  218. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)  21E. INJURY OCCURRED  While At Not While At Work  ded the deceased from Not who an July 26  ve. (1) (***) (did) (did not) very constant of the etc.)	20A. AUTOPSY? (Yes or No) No 101 obout 21C. WHERE DID fice bldg., INJURY OCCUR?  21F. HOW DID INJU  vember 16 19 65 and the iew the bady after death.	20B. IF YES, WERE FILE IN CERTIFYING CAUS  (If in Boltimore of the control of the	6/29/65 NDINGS CONSIDERED SES OF DEATH? City, give exact location)  Lat 2 19 65 an death occurred an the
MEDICAL CERTIFIC	OTHER SIGNIFICANT CONDITIONS CONTRIBE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)  21D. TIME (Month) (Day) (Year) (Hour) OF INJURY (APPROX.)  22. I certify that (I) (this hospital) attenthat (I) (we) last saw the deceased allowed and hour and from the causes stoted oba	O THE Anemia  FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g., inhome, form, foctory, street, of etc.)  21E. INJURY OCCURRED  While At Not While At Work  ded the deceased from Not whole an July 26  ve. (I) (We) (did) (did) ve.	20A. AUTOPSY? (Yes or No)  No  Tot obout 21C. WHERE DID fice bidg., INJURY OCCUR?  21F. HOW DID INJU  Vember 16  19 65  and the liew the bady after death.  Med. Director   23D. ADDRESS 209 S. Chester	20B. IF YES, WERE FILE IN CERTIFYING CAUS  (If in Boltimore of the control of the	6/29/65 NDINGS CONSIDERED SES OF DEATH?  City, give exact location)  AST 2 19 65 an death occurred an the
MEDICAL CERTIFIC	OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CERFORMED NONE  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) (Hour) OF INJURY (APPROX.)  22. I certify that (I) (this hospital) attenthat (I) (we) last saw the deceased allve and hour and from the causes stoted oba 23A. SIGNATURE CAUSE TO THE CAUSE OF THYSICIANTS NAME (Type) JOSEPH F. Dreit Burial CREMATION. 24B. DATE	O THE Anemia  FOR WHICH OPERATION  218. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)  21E. INJURY OCCURRED  While At Not While At Work  ded the deceased from Not work  an July 26  ve. (I) (We) (did) (did not) ve.  Phy	20A. AUTOPSY? (Yes or No)  No  Tot obout 21C. WHERE DID fice bidg., INJURY OCCUR?  21F. How DID INJU  vember 16  19 65  and tho iew the bady after death.  Anding X Director   Section   S	20B. IF YES, WERE FIR IN CERTIFYING CAUS  (If in Baltimore of the Baltimor	6/29/65 NDINGS CONSIDERED SES OF DEATH? City, give exact location)  Lat 2 19 65 an death occurred an the
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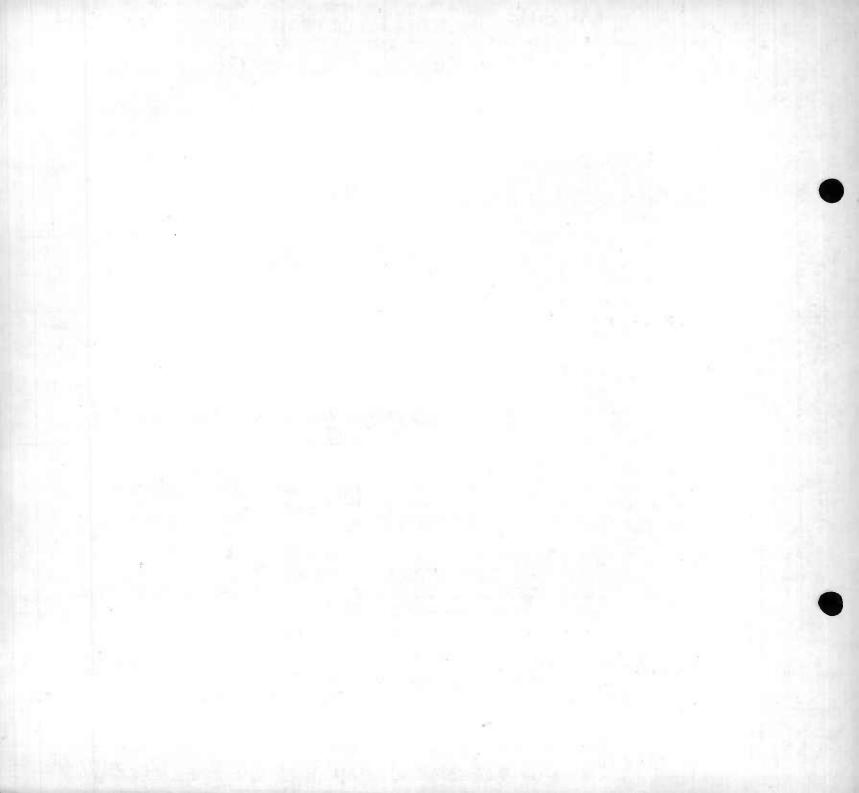
IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT



IMPORTANT

FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT

VS 150-REV. 1/1/65

If Under 24 Hrs.

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21229

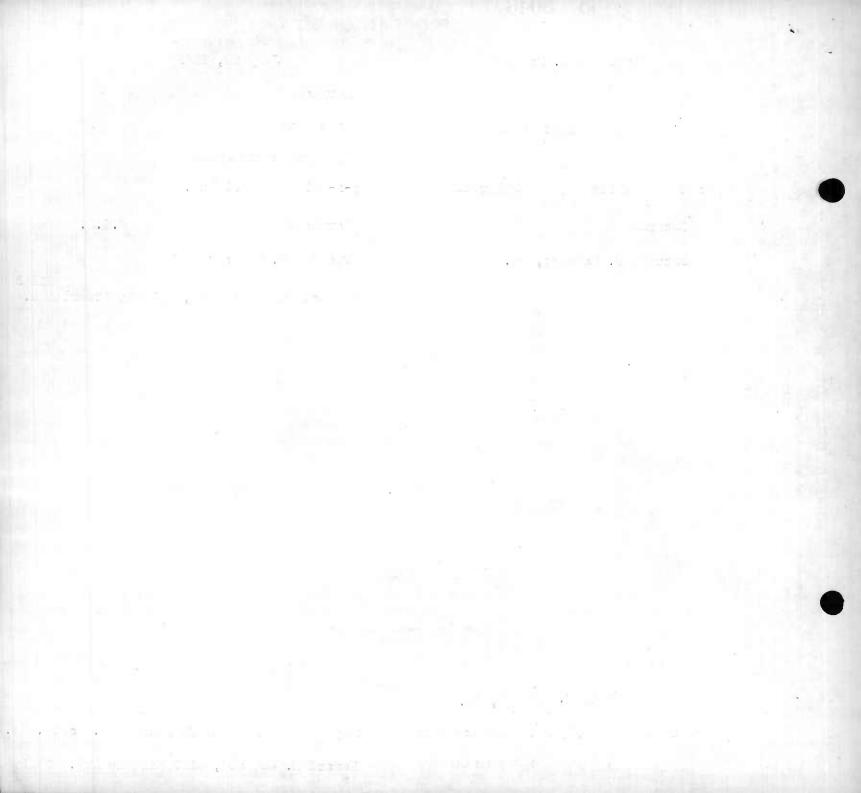
Hours

U.S.A.

ADDRESS

INTERVAL BETWEEN

ONSET AND DEATH



23C. NAME OF CEMETERY OF CREMATORY

24B. NAME OF REGISTRAR 1 24C. FUNERAL DIRECTOR

(Stote)

ADDRESS



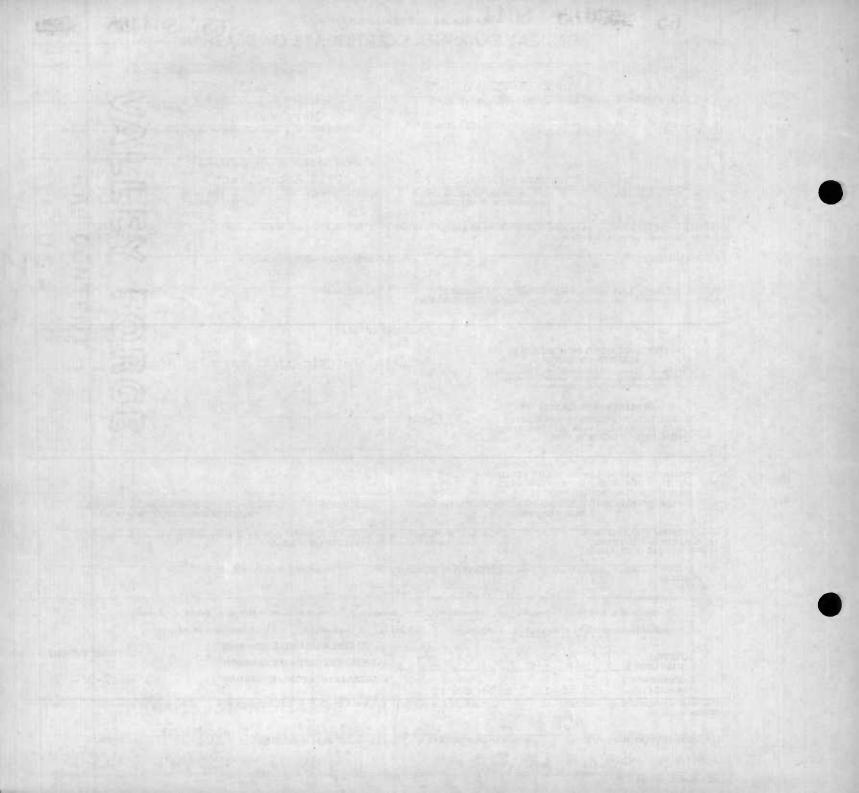
23A, BURIAL CREMATION.

24A. DATE REC'D BY HEALTH DEPT.

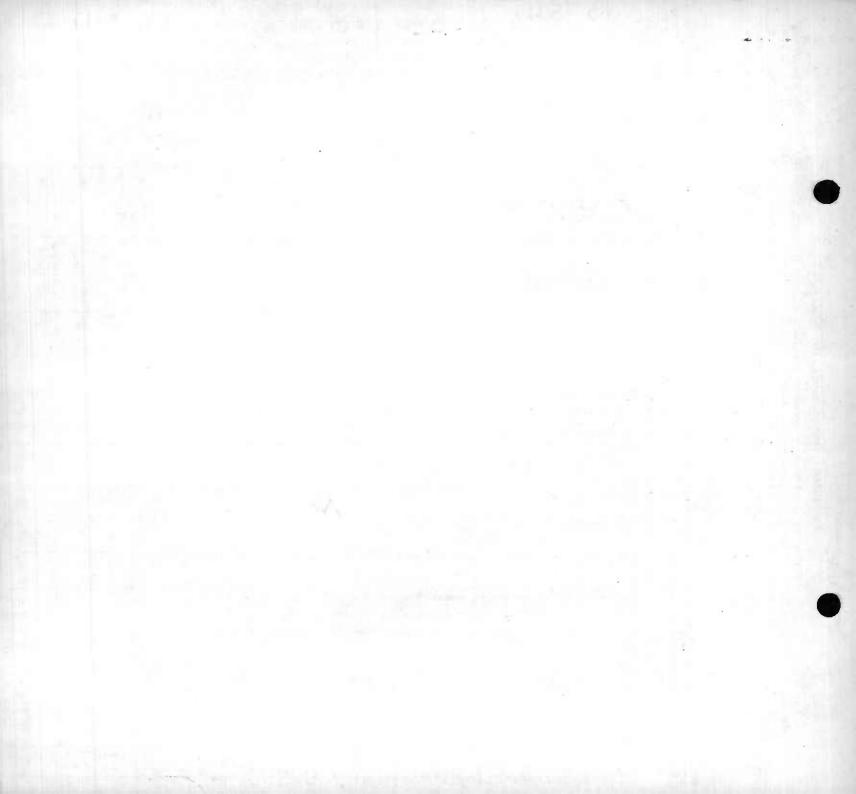
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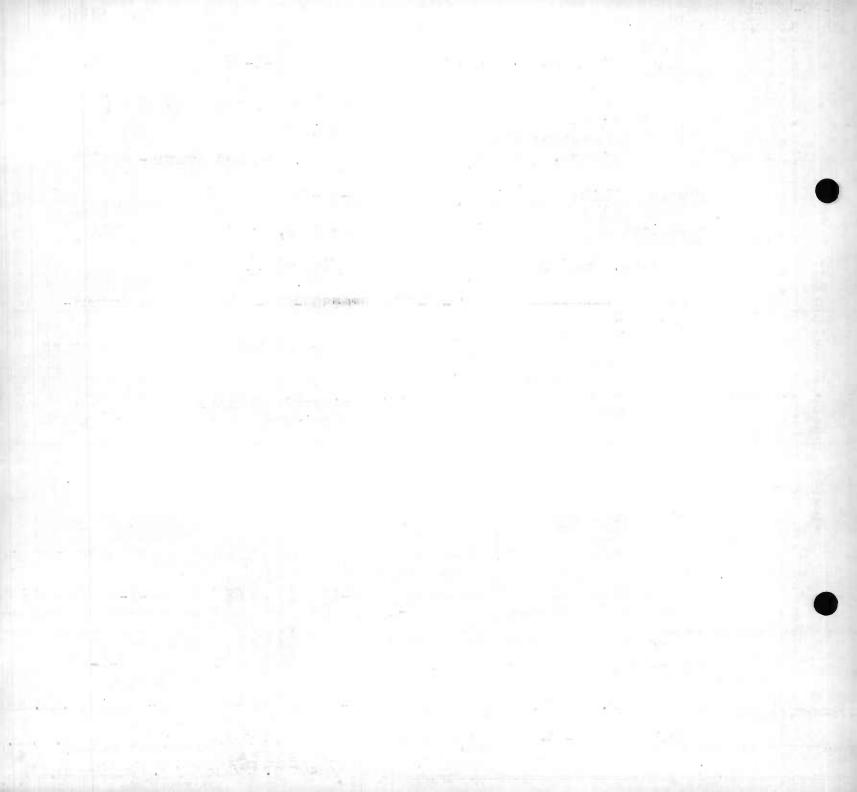
REMOVAL (Specify)

VS 151-REV. 1/1/65



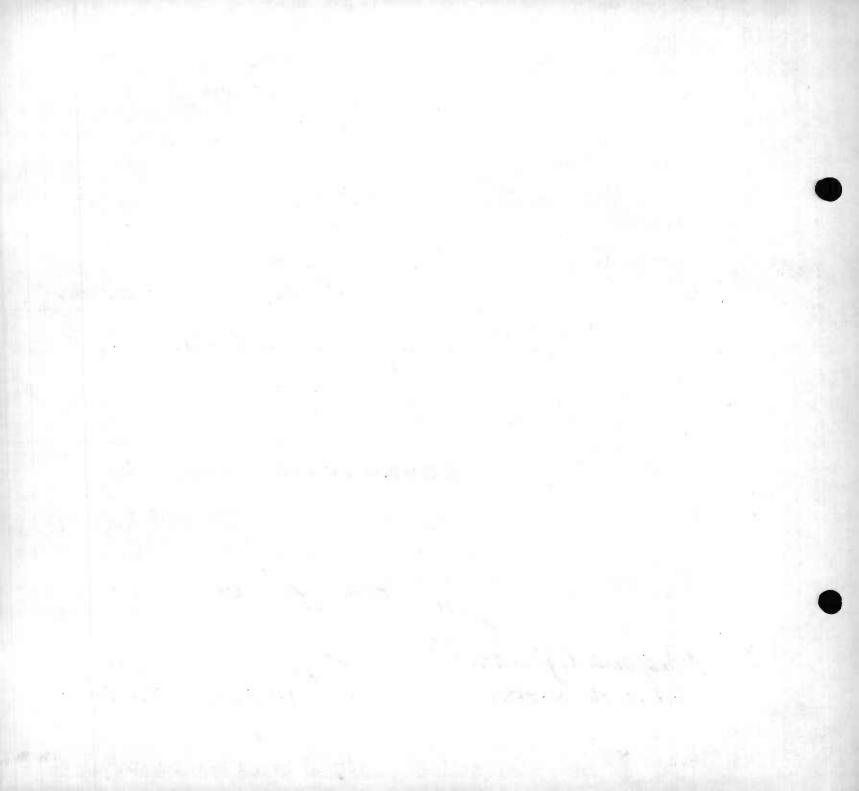
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FULL	NAME OF (If not in hospital	or institution, give street	C. CITY OR TOWN (11)	D BACTI	YORG	
INSTIT	TAL OR oddiess or location	n)	C. CITY OR TOWN (If o	utside city limits, write RUF		
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	ITTLINE HO	MARYLAND	D. STREET ADDRESS	fruiol, give location)	1170 110	
			1		ALTO, MD	
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years   I	If Under 1 Yr. If Under 24 H Nonths: Doys Hours Min.	
F	NEGRO	IPPAINT	7/26/65		2 3 15	
done durin	AL OCCUPATION (Give kind of worling most of working lile, even if retired)	108 KIND OF BUSINESS OR INDUSTR	11. BIRTHPLA CE (Stote or for	eign country)	12. CITIZEN OF WHAT COUNTRY?	
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13. FATH	ERS NAME					
			(UA(D)) DE	MILLIN LAU	(T) L. (I)	
15. Was [	Deceased Ever in U. S. Armed For	ces? 16, SOCIAL	17. INFORMANT	DDICK BA	ADDRESS	
(Yes, no or	unknown) (If yes, give wor or date	s of service) SECURITY NO.				
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heor	I failure, asthenio, etc. II meons	me disease,				
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ERT			100			
OP C	ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF	home, form, foctory, street,	office bldg., INJURY OCCUR?	(II in Baltimore C	ity, give exact location)	
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		ted abave. (1) (We) (did) (did nat)	view the bady after death.			
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23C.	PHYSICIAN'S NAME (Type)		23D. ADDRESS	1	. /	
12 5	LILBOIL EV.	+NGELISTA M.D.				
24A. BUR		24C. NAME of CEMETERY OF CI	REMATORY 24D.	LOCATION (City,	town, or county) (State)	
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Bu	na /-30.	and there	fer k	Jacob Vin	400	
25A. DAT		25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTO	N com	ADDRESS	
AU		a top as	Carner	De 7/000	manacon	
VE 100 B	EV. 1/1/65	A CONTROL OF	3 4 4 4 3			





8047 7:00 PM 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE
8. COUNTY (If outside city limits, write RURAL and give lownship) If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 2. CITIZEN OF WHAT COUNTRY? ADDRESS Vernon Hackett, 3018 Overland Rd. 21214 INTERVAL BETWEEN ONSET AND DEATH TOPASM OF LARGE INTESTINE 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimare City, give exact lacation) ....ond that in (my) (our) opinion death occurred on the date (City, town, or county) Baltimore County, Md. Ulirich Funeral Home, Dundalk, Md. VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT



OR

FUNERAL

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

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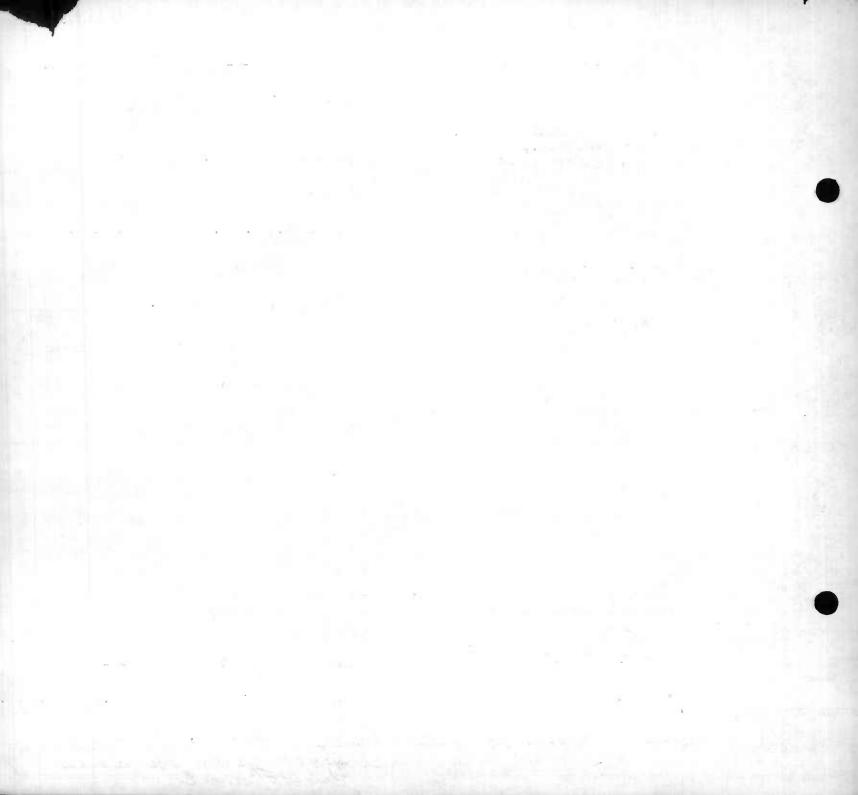
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Type or Print)			2. DATE AND HOUR OF DE	ATI
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HOSPITAL OR	oddress or locotion		The same of the sa	write RURAL and give township)
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	ns Administrat		BALTIMORE	
3900 Lo	och Raven Blvd	• •	D. STREET ADDRESS (If rurol, give location	n) 0 / +
Baltimo	ore, Maryland	21218	316 ILLCHESTER AVE.	Planere
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	T. HARDEN		CORA MAE FELLERS	
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3631 Falls Road

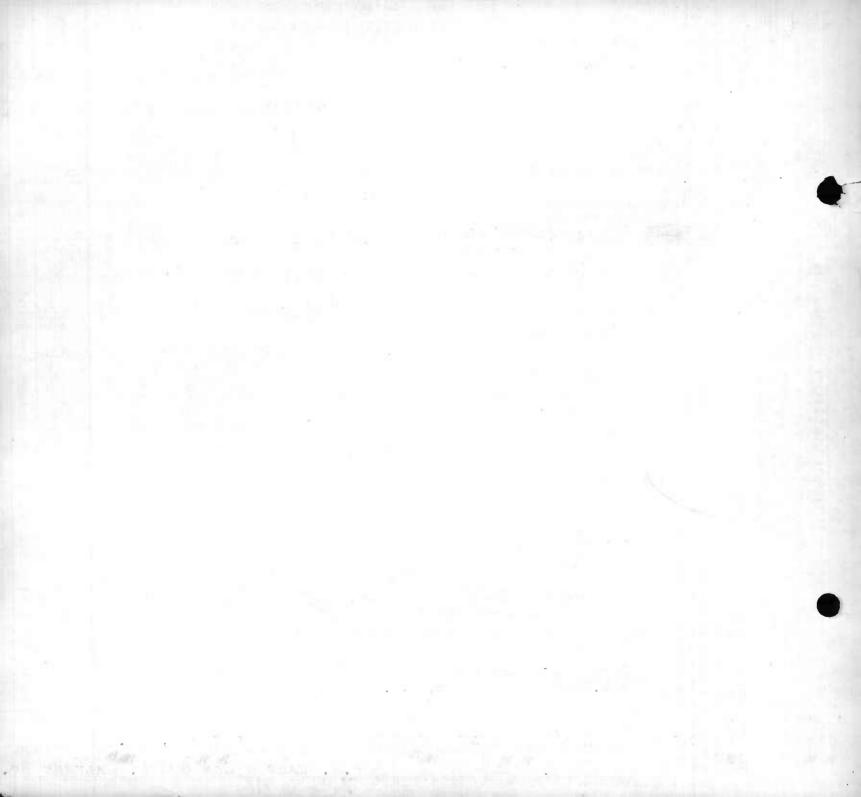


VS 151-REV, 1/1/65

6500 York Road

Baltimore, Md.

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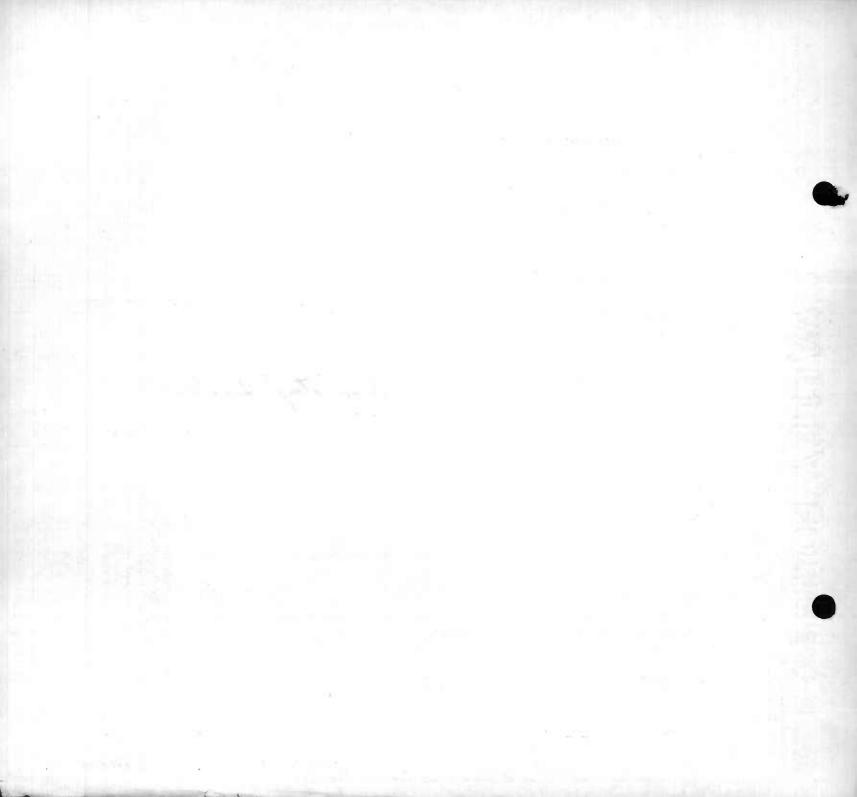
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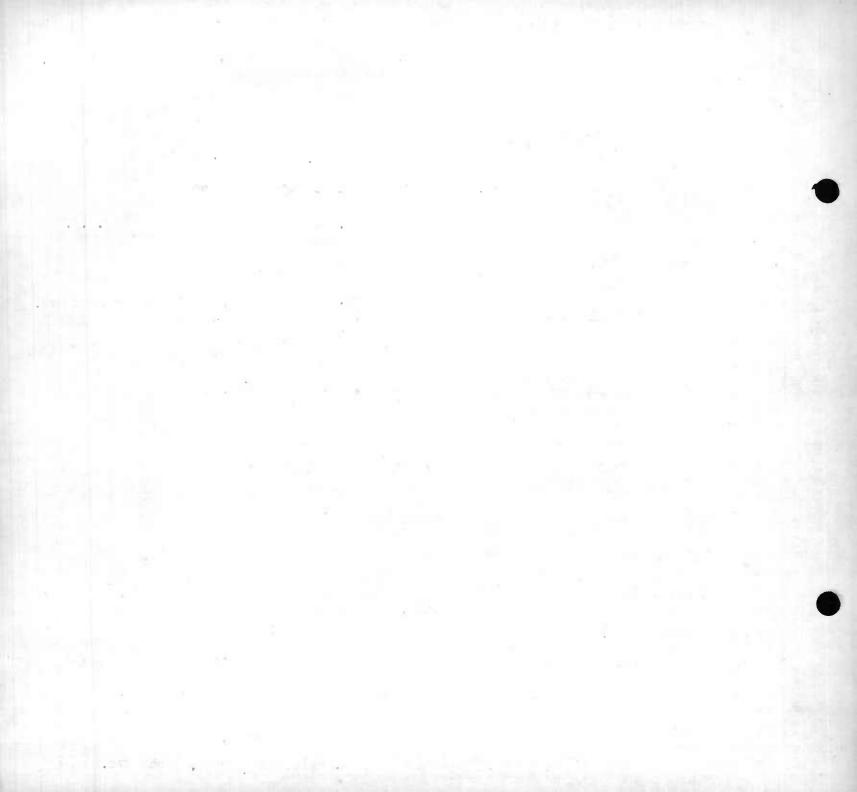
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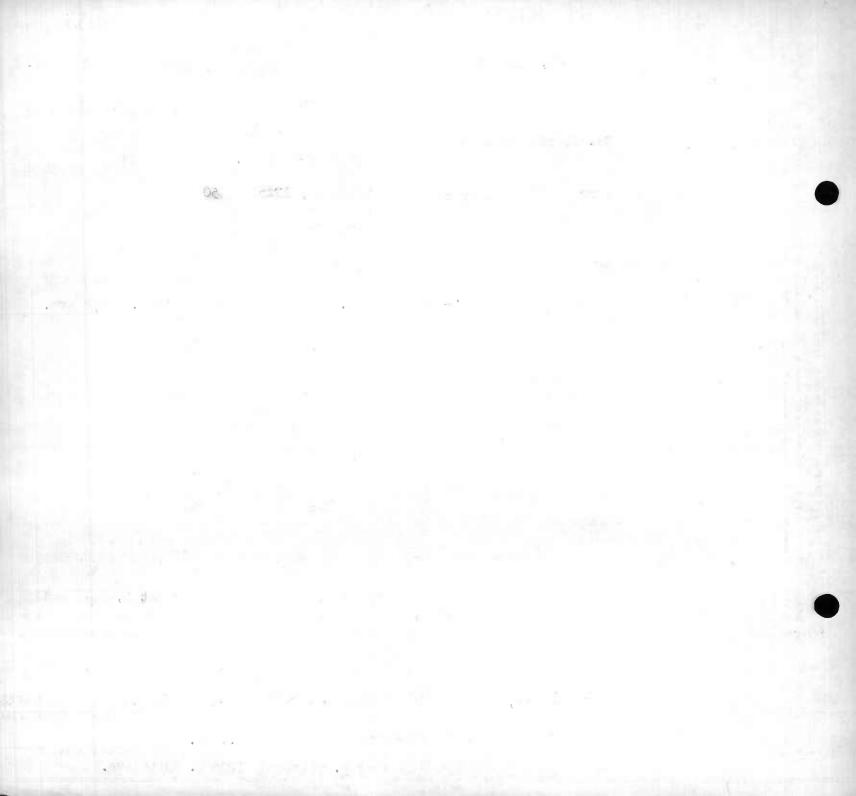


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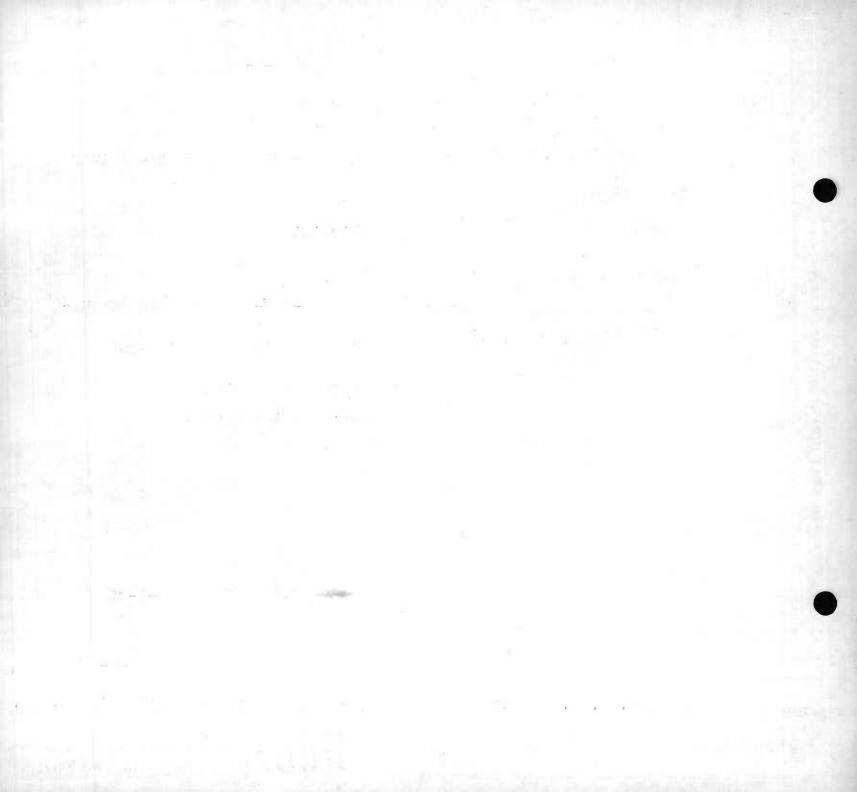
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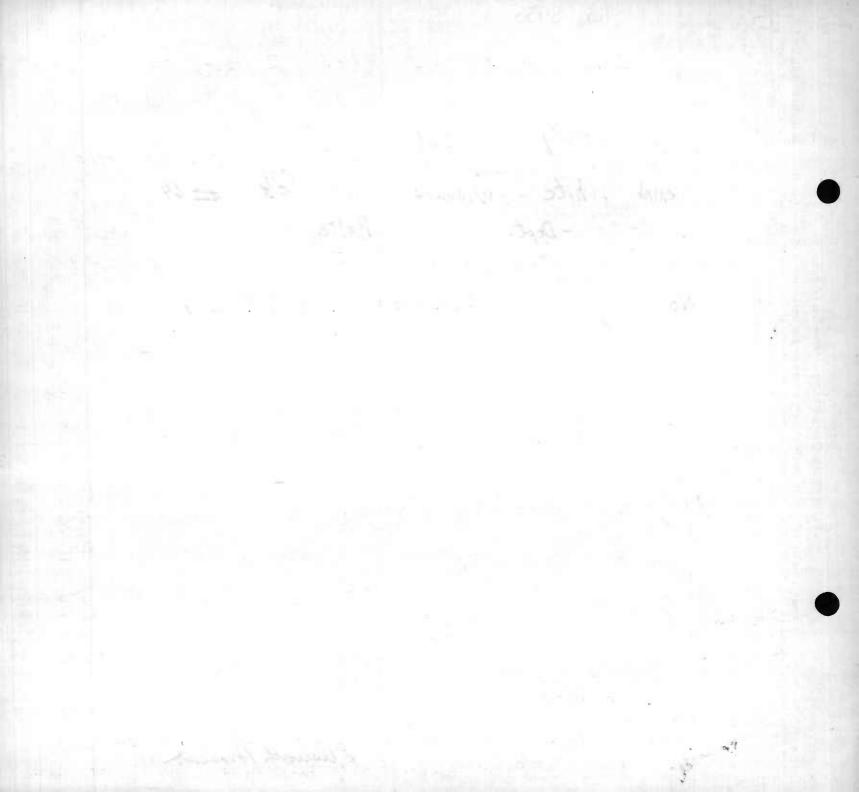
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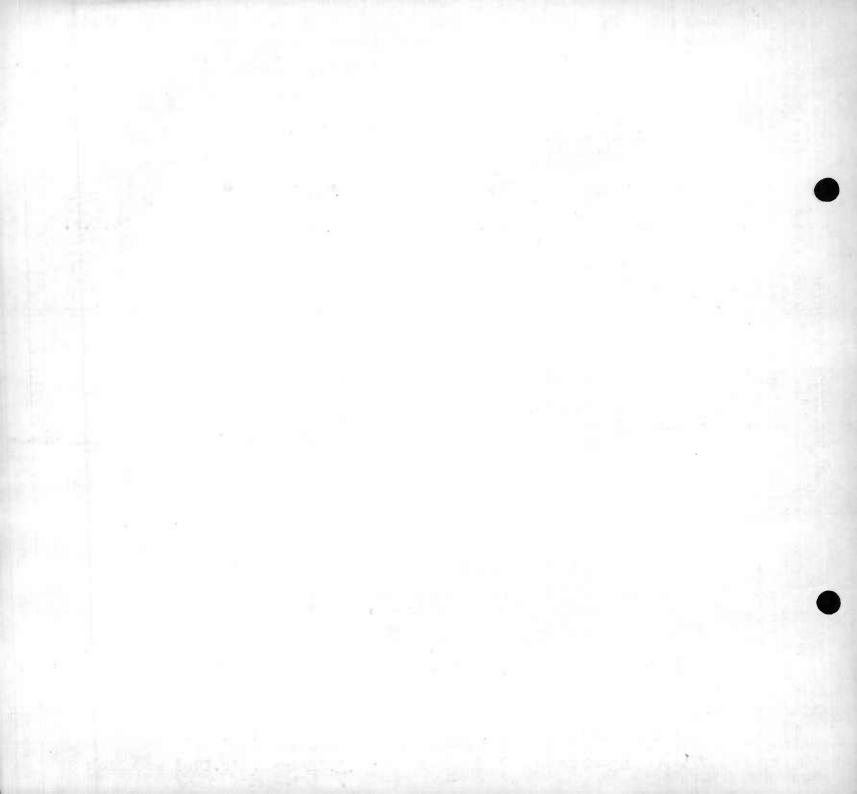
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AN.	15. Was Dec (Yes, na or un	eased Ever in U. S. Armed Fa knawn) (If yes, give wor or dot	rces? es of service)	1 6. SOCIAL SECURITY NO.	17. INFORMAN	NT		ADDR	ESS
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This certification of the body shows: (1) was D.O. deceased written a	AUG VS 150-REV.	4 1965 Poler	258. NAME	of registran	25C. FUNE		120		Maure

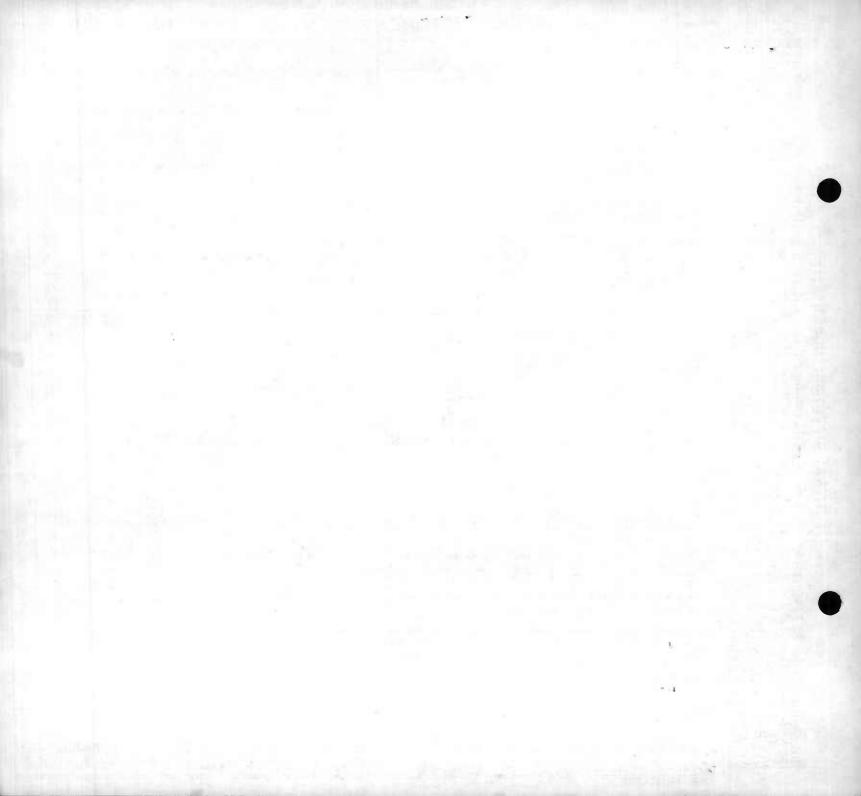


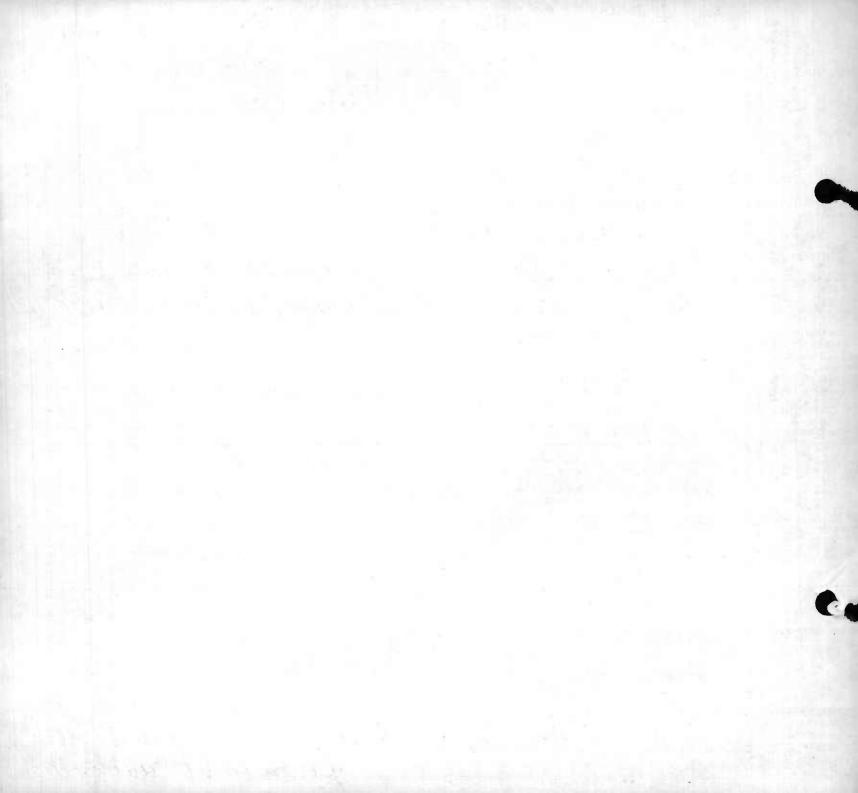


VS 150-REV. 1/1/65



			HEALTH DEPARTMENT		
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FULL NAME		or Institution, give street	Md.		4 1 0 3
	WEST FAY				RURAL ond give township?
20-25	WEST TAY	2	BALT, MO	(If rural, five location)	
BALT:	MORE, Ma.	, 2/22 5	4 4	,	n
			1/91/ 12	VER SIDE	
. SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, OIVORCEO (specify)	8. OATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 H Months Ooys Hours Min.
7		MARRIED	MAY 2 1878	87	
	CUPATION (Give kind of work of working life, even if retired)	10B, KIND OF BUSINESS OR INOUSTRY	11. BIRTHPLACE (State or	foreign country)	12, CITIZEN OF WHAT COUNTRY?
/	NE	NONE	BALT: MOR	E, Md.	United States
EATHER'S MA	AAAE		14 MANUENC MANDEN	1 4 4 4 5	
1/ -	Iten bach,	John	9	INDES WAS	UNCE
			4	7,11-7	
es, no or unknov	ed Ever in U. S. Armed For wn) (If yes, give wor or dote	s of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	anily -	ADDRESS
No		W W	-f1	amely - 0	1 me
1B.	0401	CAUSE OF			INTERVAL BETWEEN
DISE	ASE OR CONDITION DIE	ECTLY S	1		ONSET AND DEATH
	LEADING TO DEATH	3 /5 3 Bre	nchipmein	iema	
(This does	nal mean the made of	dying, e.g. DUE TO			
heart failure	e, asthenia, etc. It means amplication which caused	death.)	'		
	ANTECEDENT CAUSES	(B) and	himmen	deres	
DISEASES	OR CONDITIONS, if	OUE TO	9	1 01	
	the abave cause (A)	stating the	retired his	plus.	
UNDERLYIN	NG CONDITION last.	Et. LE apundo	d le The m	udestal of x	orne (may
	11		3	The state of the s	
	NIFICANT CONDITIONS C				
	R CONOITION CAUSING				
19A. DATE	OF OPERATION 198. CON	DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 20B, IF YES, WERE	FINDINGS CONSIDERED
		,	no.		additional and a second
OR CONTRI	ENT WAS UNDERLYING TO	21 B. PLACE OF INJURY le.g., in home, form, foctory, street, off	or obout 21 C. WHERE DID	Ilf in Boltimo	ere City, give exact location)
DEATH (noti	ify medical examiner	etc.)	11.15	W.	1 1 24
21D. TIME	(Month) (Doy) (Year)	(Hour) 21E, INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	and.
(APPROX.)	n 1. 1-	While At Not While		-18.	1100
(AFFROA)	1 10 65	At Work At Work	a app	arently of	Test .
22. I certif	fy that (1) (this hospital	) ottended the deceosed from		19 to	19
that (I) (we	e) last sow the decease	d olive on	19ond	that In (my) (our) ap	inlon death occurred on the d
		ed above. (I) (We) (did) (did not) v			
23A. SIGNAT					23 B. OATE SIGNEO
/	Rumill'y	M.O. Atte	nding Med.	Stoff 📉	duck 3-65
23C. PHYSIC		Phys		Phy s.	May 0 0 4
23C. PHYSICI	(Type)		3D. ADORESS		*/
		M, O.			
AA. BURIAL CE	REMATION, 248. DATE	24C. NAME OF CEMETERY OF CRE	MATORY 24D	LOCATION (S	ity dwn, or county) (Stote)
13	1-6-6	5 Holy le	055	15508	11 lose 2
SA. DATE REC'	D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECT	IOR	AODRESS
AUG	4 1965 12 0	By C. In Owner	1 son 50 / 5d/	12/300	AODRESS Tour Cl 3
		NO CI MONING MINI	الماح كالما	4.5	
S 150-REV. 1/1	1/00 // - 1		0	/	





IMPORTANT

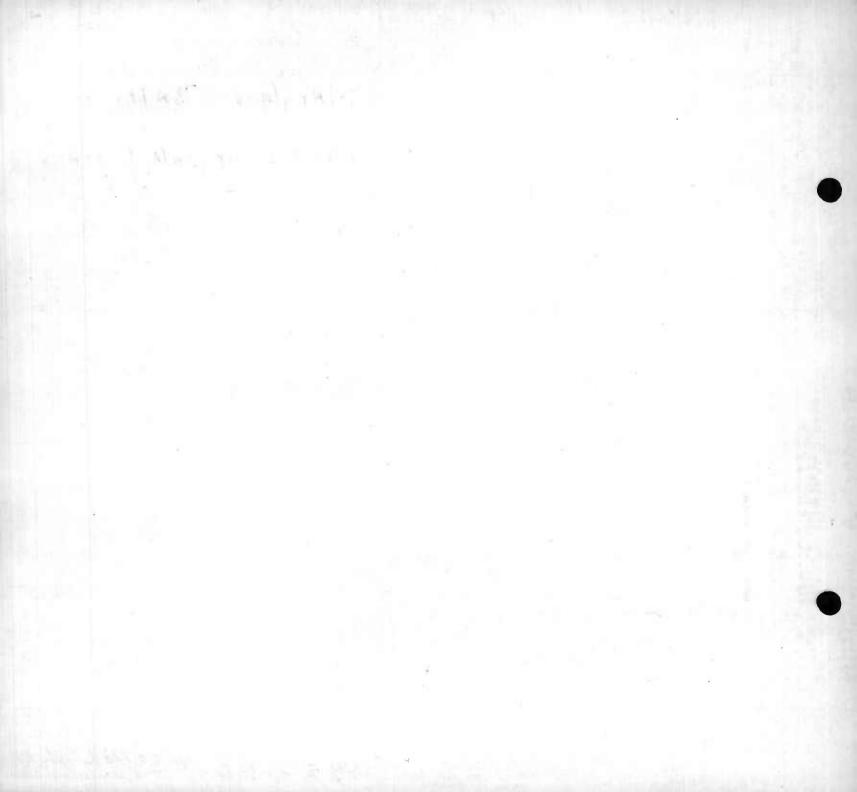
DIRECTOR:

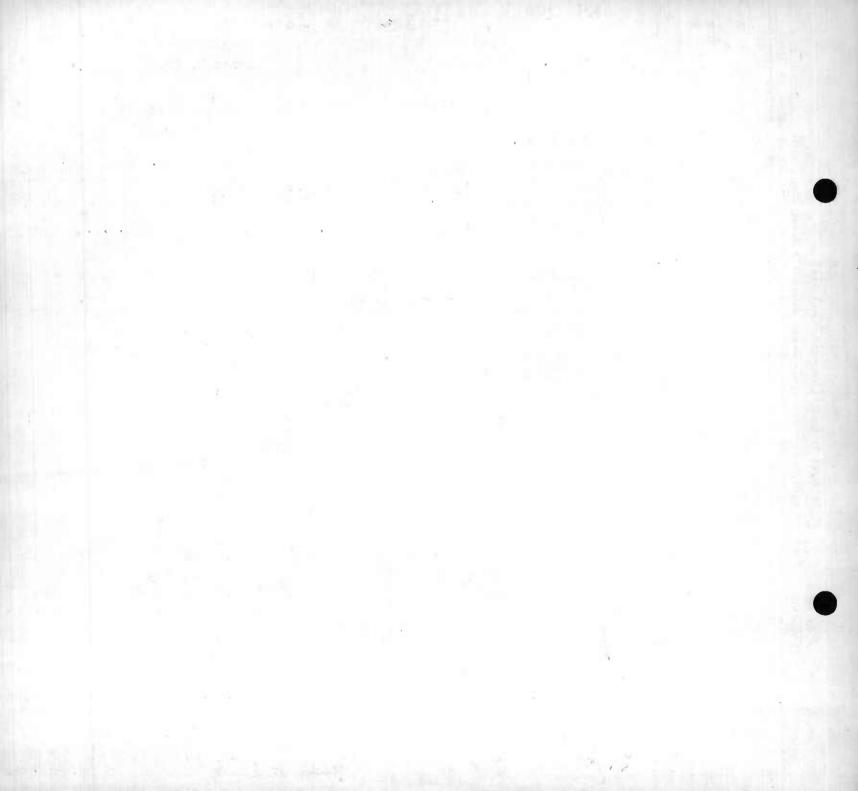
VS 150-REV. 1/1/65

Charged House a Harpeth I Market 7427/65 Noneta John Bayes Markey de Arita Honrill Tolk Make Sugar March 18 so lived so . - To hope hour A STANDARD WIND ASSESSMENT OF THE PARTY OF T

NOTE NO. 65 8063		HEALTH DEPARTMENT	/	65 8063
M.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered Na.	00 0000
1. NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	
(Type or Print) CONCETTA GU	GLIUZZ	A AU	619	765 5
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (When	e deceased lived. If i	nstitution; residence before od
FULL NAME OF (If not in hospital or institution	. give street	MAD RA	ITIMAR	5
HOSPITAL OR oddress or location)	, 5	C. CITY OR TOWN (If out	side city limits, write	RURAL ond give township)
HARFORD CONV. H	DALE	(RURAL)	OVE	RLEA 53
		D. STREET ADDRESS	rurol, give location)	
4700 HARFORD RU		100	SELAIR	RD
WIDOW	D, NEVER MARRIED ED, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthday)	Months Doys Hours
FEMALE CAUCASIAN		FEB 11 1876	89	
TOA. USUAL OCCUPATION (Give kind of work) 10 B. KIND (done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
AT HOME AT	HOME	ITALY		INT PAPER
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
REPAIRN SARAT	IND	MADIANIA	A ONOR	UTA
BERAARD SABAT	1 6. SOCIAL	17. INFORMANT	0110/1	ADDRESS
(Yes, no or unknown) (If yes, give wor or dates of service	SECORITY NO.	0.50		0.001 (1011)
AVO	INONIE CAUSE O	BERNARD GU	GLIUZZA	31 BALHAVE
18. 4 9 / X	CAUSE	F DEATH ranchopulu		ONSET AND DE
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	15	ranchopulu	morin	1 rue
(This does not mean the mode of dying, e.	J., DUE TO	·····//		900 00000 <b>0</b> 000 0000 0000 0000 0000 000
heart failure, asthenia, etc. It means the diseas injury or camplication which caused death.)	8,	7		
ANTECEDENT CAUSES	(B)	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>		
DISEASES OR CONDITIONS, if any, givin				
rise to the above cause (A) stating the UNDERLYING CONDITION last.				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				THE WATER
	WHICH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE	FINDINGS CONSIDERED
ERI		NO	CERTIFIED CA	OJEJ OF DEATH:
OR CONTRIBUTING CAUSE OF	ome, form, factory, street, a	n or about 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimo	re City, give exact location)
	ic.)			
U OF INJURY	E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
	Vhile At Not While Vork At Work	le 📗		
22. I certify that (t) (this-hospital) attended	the deceased from	July V6.	19 65 to	august 19
that (1) (we) last saw the deceased alive on	(1)	// // //		inlan death accurred an
and have and from the causes stated above.	[ ]			and a second diff
23A. SIGNATURE	- (17)	Tiew line budy differ dedfin.		23B. DATE SIGNED
11/1/10	M.D. Att	ending Med.	Stoff /	8/2/15
23C. PHYSICIAN'S		23D. ADDRESS	Phys.	1 0/0/00
NAME (Type)		11-61 0-61	5000	F DALA
H. ALLAN >P	160	16 OK PJEN	KINDES	E KUAD
24A. BURIAL CREMATION, 24B. DATE 24C.	NAME of CEMETERY of CR	EMATORY 24D. L	OCATION (C	City, town, or county)
BURIAL 8/4/65 P	FRKWOOD CI	EMETERYTA	YLOR AVE	BALTO, 1
25A. DATE REC'D BY HEALTH DEPT. 25B. NAMI	OF REGISTRAR	25C. FUNERAL DIRECTOR	INC	ADDRESS
1 5	4 6 6 0	OPPARLIBO	805 7110	BELAIR R
VS 150-REV. 1/1/65		CILLET FALLED	100 1110	DESTAN

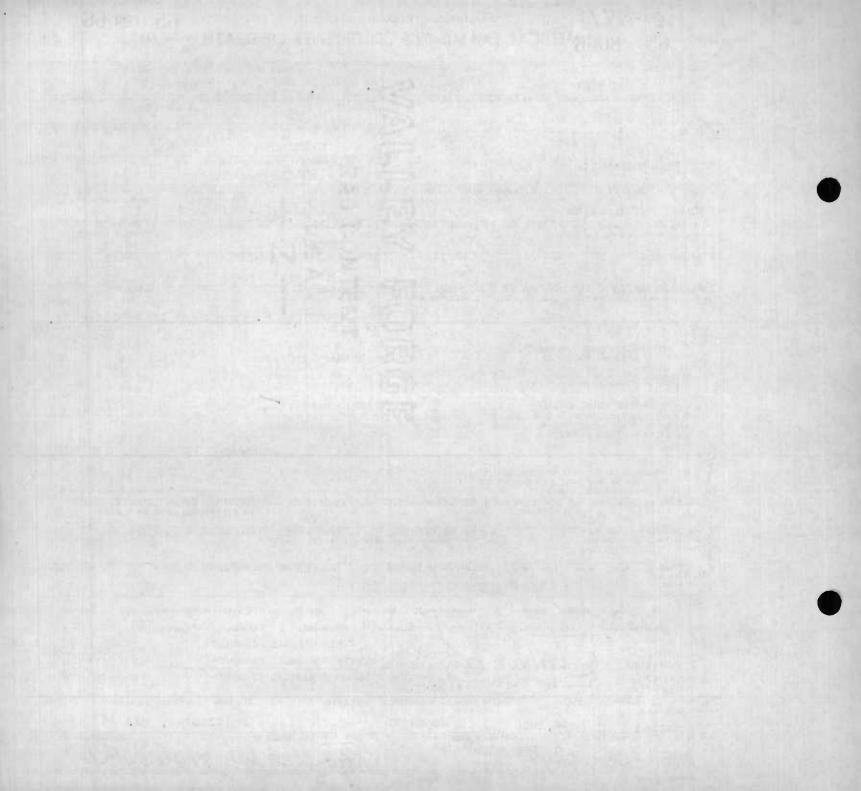
A ALLAN SPIRS BON PENTRICOE ....

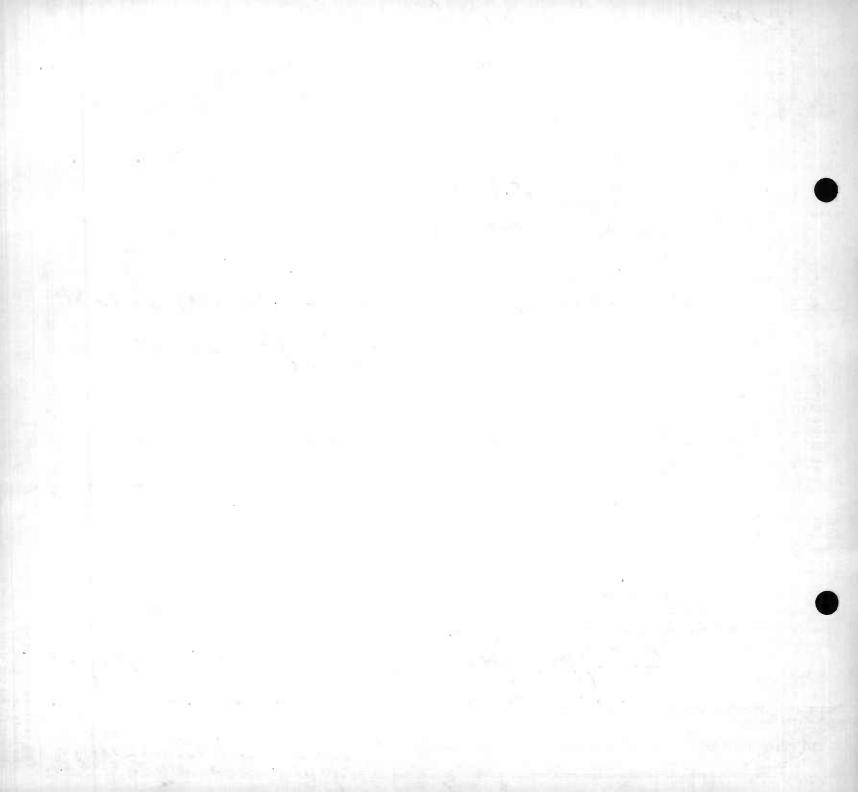




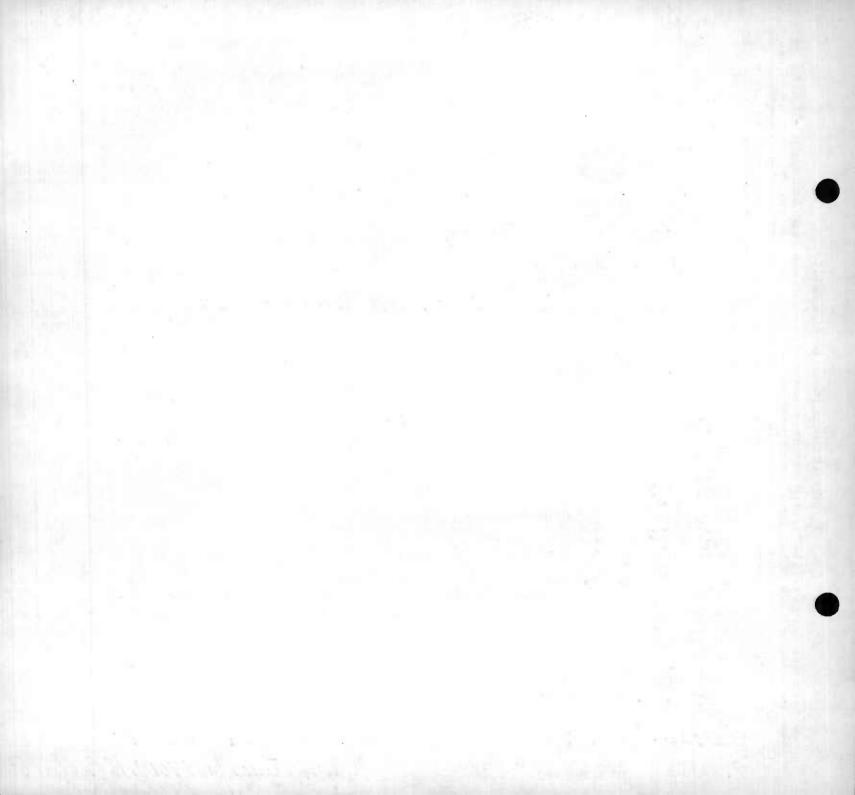
VS 151-REV. 1/1/65

	6	1-10/10		BALTIMORE CITT HEAL		()		000
	H NO. 65	806@MED	ICAL E	XAMINER'S CI	ERTIFICATE	OF DEATH Registe	ered Na	
1. 1	L CASE NO.	ECEASED			2. D	ATE AND HOUR PRONOUNC	ED DEAD	
{Ту	pe or Print)	ROBERT		CUMMINGS J	r.	July 31, 1965		5:15 P N
3. P	LACE IN BAL	LTIMORE, MARYLAND, W	HERE PRONC			E (Where deceased lived. If ins	titution: resi	1
HO	L NAME OF SPITAL OR TITUTION	(IF NOT IN HOSPITA ADDRESS OR LOCA	AL OR INSTIT	TUTION, GIVE STREET ?		(Il autside carparate limits, writ	RURAL	and give township)
1	Merc	y Hospital			D. STREET ADDRESS	(If rurol, give location) Bolton Street	4	
5. \$	EX	6. RACE		DIVORCED(specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Unde	r 1 Yr. II Under 24 H Days : Hours , Min
	Male	Cancasian		Di T O ROLD (Speciny)	May 28,	1.0		
		CUPATION (Give kind of world working life, even if retired)	NOB. KIND C	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State Marylan	ar fareign country)	12. CITIZ WHA	EN OF AT COUNTRY?
13.1	ATHER'S NA	ME			14. MOTHER'S MAIDE			
					Margar	et Cook		
		ED EVER IN U.S. ARMED		16. SO CIAL	17. INFORMANT	CC COOK	ADDRES	5
(Yes	, no arunknaw	n)(If yes, give wor ar date	es of service)	SECURITY NO.				
	18.			CALLCE	Margare OF DEATH	t H. Cummings	1604 F	Rolton St.
	00	2,01		CAUSE	OF DEATH			ONSET AND DEATH
	DISEA	ASE OR CONDITION DI LEADING TO DEATH	RECTLY	Chroni	c Brain Synd	lrome		
	(This does	not meen the mode of	dying, e.g.	DUE TO	e Brazii byiid			
	injury or co	e, osthenia, etc. It means amplication which caused	death.)				Jan 194	
		ANTECENDENT CAUSE	s .	Vira	l Encephalit	is	HE TH	
	DISEASES	OR CONDITIONS, IF A	NY, GIVING	DUE TO	1 Intecpharie			
		HE ABOVE CAUSE (A) S' ING CONDITION LAST.	IAING THE					
NO			41-11	(C)				
AT	OTUER CI	II SNIFICANT CONDITIONS	CONTRIBUT	ING				
문	TO THE	DEATH BUT NOT RE	LATED TO					
CERTIFICATION		OF CONDITION CAUSING OF OPERATION 198, CON WAS PER	IDITION FOR	WHICH OPERATION		s or No) 20B. IF YES, WERE FI		EATH?
	21 A EXTERN	AL CAUSE WAS	916	PLACE OF INITIAL INC.	NO No	E DID (If in Boltimore City, g	ive exect le	No
EDIC	UNDERLYING	OR CONTRIB-	ham etc.	ne, form, factory, street, o	ffice bldg., INJURY OC	CUR?		00010111
	21D TIME OF INJURY (APPROX.)	(Month) (Doy) (Yea		WHILE AT NOT	WHILE	DID INJURY OCCUR?	iille	
	22.			WORK AT W				
		rtify that I held an I				Undetermined mann		ın
	resu	Ilted fram: Natural ca	uses (X)	Accident   Suicid		CAL EXAMINER	er 🗀	
	ACTUA	AL O	, (	1/-				DATE SIGNED
	SIGNA		alles &	X		CAL EXAMINER X		8/1/65
	EXAMI NAME	Linarie	s S. Pe	etty (M.D.	ASSOCIATE MEDI	CAL EXAMINER		0, 2, 00
	BURIAL CR	EMATION, 23B. DATE	2	3C. NAME of CEMETERY of	CREMATORY	23D. LOCATION (City	, tawn, or	county) (State)
	Buri		1965	Woodlawn		Baltimore	, Md.	
24A		D BY HEALTH DEPT!	248. NAM	OF REGISTRAR	24C. FUNERAL D	PIRECTOR		ADDRESS
	AUG 4	1 1965 Robe	DE.	Farlier, Mill	trank	21 Seits 8140	W36	th St

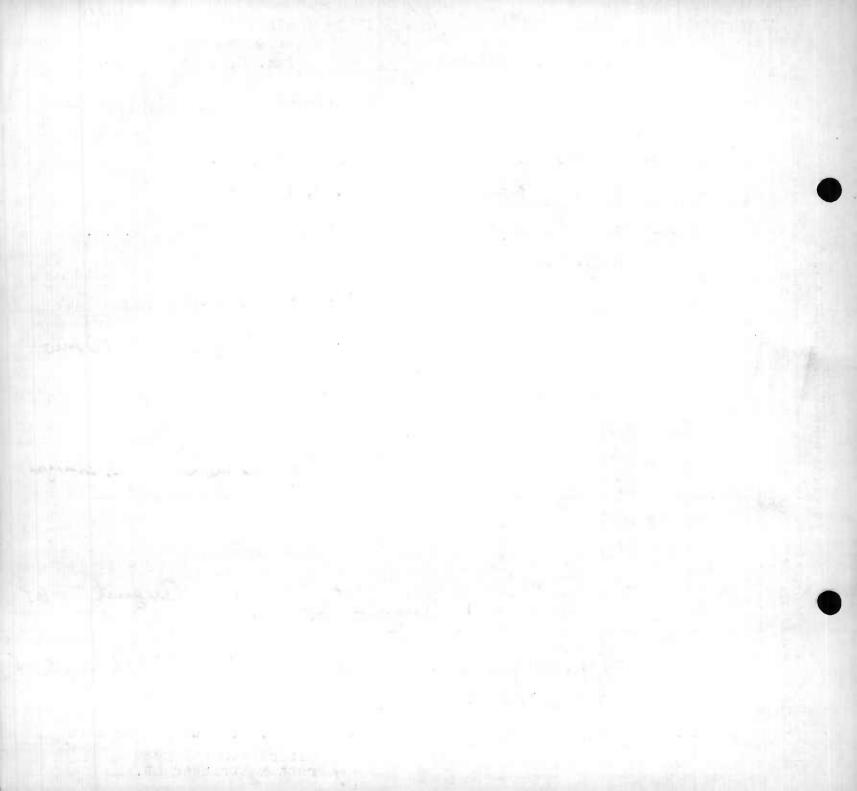


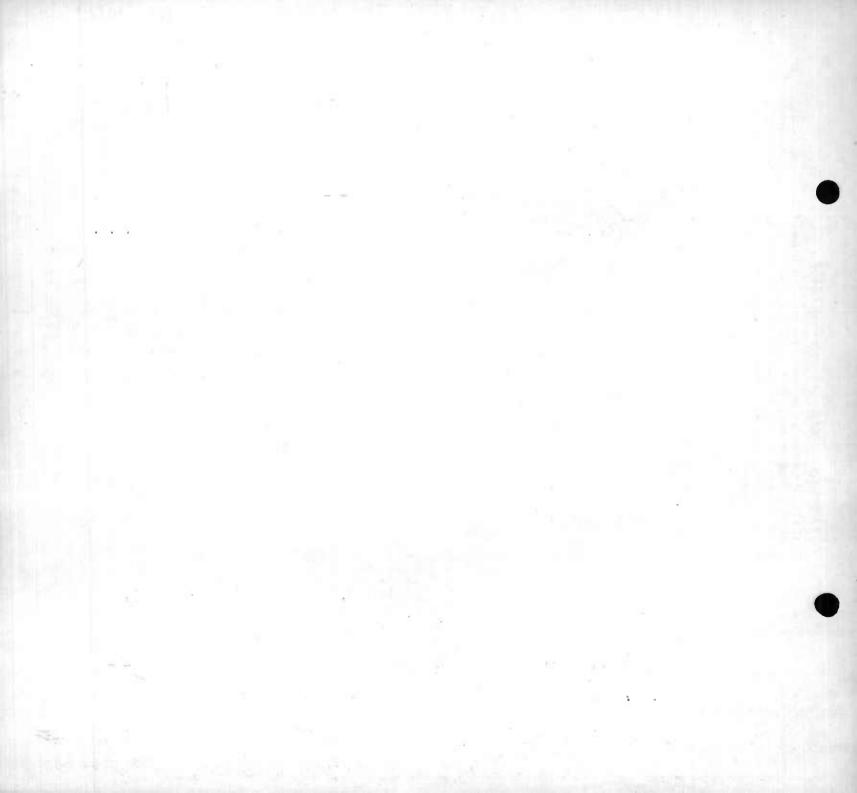


death death a sed n the Such	I. NAME OF DECEASED	CATE OF DEATH Registered N	
de de	3. PLACE OF DEATH IN BALTIMORE MARYLAND	4. USUAL RESIDENCE (White deceased lived, I	5 1040 A finstitution: residence before admission
hos Ise (5) and	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) INSTITUTION	C. CITY OR TOWN (If outside city limits, wri	te RURAL and give township)
d in cau	University Hospital	D. STREET ADDRESS (Il rurol, give location)  800 Harlem Ai	
death occurred in tor contributing Undefermined call as in regular attended eased prior sition is made.	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
or conndeterring in redeced	Megrow Widowed  10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUS  done during most of working lite, even if relired)  Factory Worker Varlage	STRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
= = € 3 + ± sq si	13. FATHERS NAME  John Anderson	14. MOTHERS MAIDEN NAME Louise Boldin	
sistant the dir kind; death nce on final di	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)  16. SOCIAL SECURITY NO.	73 Elsie Blackwell 200	ADDRESS
o, if fany nced anda	DISEASE OR CONDITION DIRECTLY	E OF DEATH Rochester, n, y.	ONSET AND DEATH
- PA 6 5 PE	heart foilure, asthenia, etc. It means the disease,	reinona of the Paneres	5 days
examiner. Xaminer. ) A fractu who pro	ANTECEDENT CAUSES (B) A2	inte Renal failune	
A	rise to the obove couse (A) stoting the UNDERLYING CONDITION lost.	e hy dustin	5 days
hy hy	OF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	E:	
So Booth	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21B. PLACE OF INJURY (e.	7.25	RE FINDINGS CONSIDERED CAUSES OF DEATH?
to to op	OR CONTRIBUTING CAUSE OF home, form, foctory, stree	injury occur?	tore City, give exoct loconon/
> = 0 0 0	OF INJURY (APPROX.)  While At Not Work  Not Work	While 🗆	
appro to the of any tal (exc th); an	22. I certify that (I) (this hospital) attended the deceased fram	19.65 and that in(my) (aur) o	
nust be cleased trident of hospital	and hour and from the causes stated above. (1) (We) (did) (did no 23A. SIGNATURE  M.D.	Attending Med. Stoff Phys. Director Phys.	23B. DATE SIGNED  Aug 2, 1965
ificate ny was re 1) An acc 1.A. at a d prior t	23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS	1 7 - 9 7)
F-2000-	24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF REMOVAL (Specify)	CREMATORY 24D. LOCATION When PK. PSM Pla.	(City, town, or county) (Stote)
This certi the body shows: (1) was D.O. deceased	AUG 4 1965 Polyert & tarbeyth	25C. FUNERAL DIRECTOR	ADDRESS ADDRESS

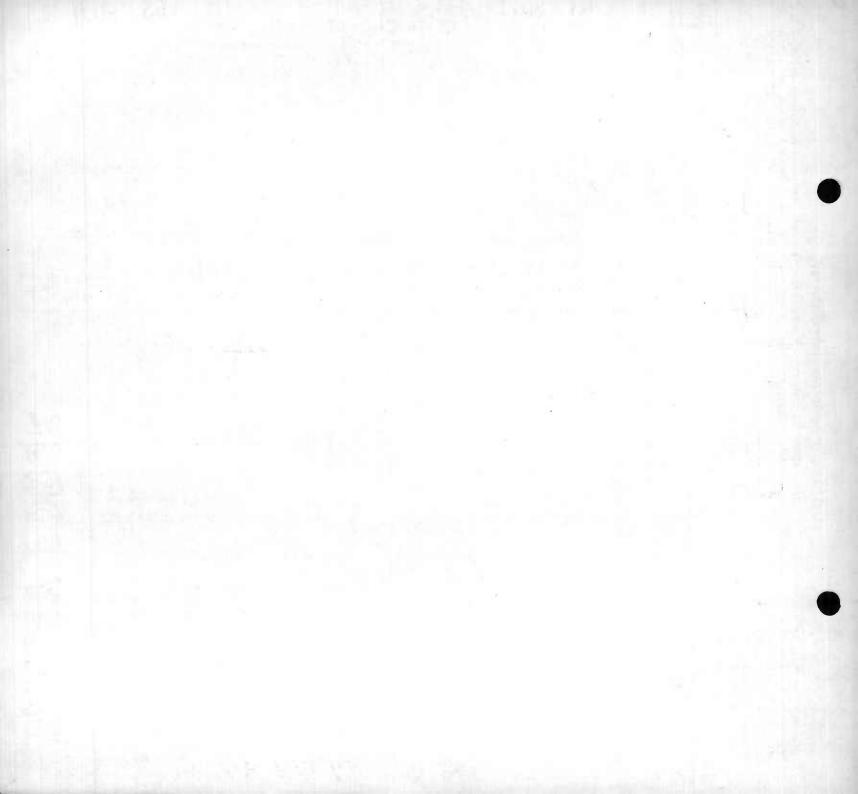


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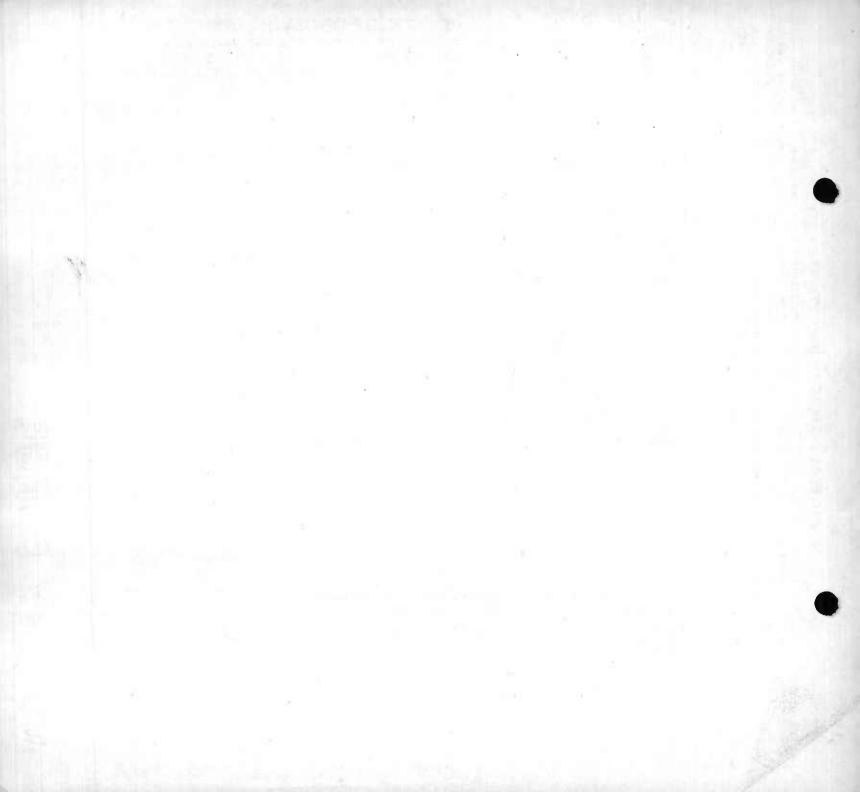




BIRTH NO.  M.E. CASE NO.  1. NAME OF DECEASED (Type or Print)  3. PLACE OF DEATH ID BALTIMORE, MARYLAND  4. USUAL RESIDENCE (Where deceased lived: If institution: residence before admissingly)  4. USUAL RESIDENCE (Where deceased lived: If institution: residence before admissingly)  4. USUAL RESIDENCE (Where deceased lived: If institution: residence before admissingly)  5. SEX  6. RACE  7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)  8. DATE OF BIRTH  9. AGE (In Years)  10. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11), BIRTHPLACE (State or foreign country)  12. CITIZEN OF
3. PLACE OF DEATH ID BALTIMORE, MARYLAND  3. PLACE OF DEATH ID BALTIMORE, MARYLAND  4. USUAL RESIDENCE (Where decessed lived: If institution: testidence before odmissing and the state of
3. PLACE OF DEATH ID BALTIMORE, MARYLAND  3. PLACE OF DEATH ID BALTIMORE, MARYLAND  4. USUAL RESIDENCE (Where decessed lived: If institution: testidence before odmissing and the state of
FULL NAME OF HOSPITAL OR oddress or lacotion)  Whivers: ty Hospital  Baltimore, Md., 21201  B. DATE OF BIRTH  F. SEX  ORACE  T. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)  Mary land  C. CITY OR TOWN (If outside city limits, withe RURAL and give township)  Bultimore - 21201  D. STREET ADDRESS (If rurol, give location)  804 W. Laxing fon 5t.  S. SEX  ORACE  T. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)  B. DATE OF BIRTH  9. AGE (in Yeors Months)  Months Doys Hours Min.
FULL NAME OF HOSPITAL OR INSTITUTION address or location)  University Hospital  Baltimore, Maryland  C. CITY OR TOWN (If outside city limits, write RURAL and give township)  Baltimore, 21201  D. STREET ADDRESS (If rurol, give location)  804 W. Lexing fon 5t,  5. SEX  6. RACE  7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)  WIDOWED, DIVORCED (specify)  8. DATE OF BIRTH  9. AGE (In Yeors Months)  9. AGE (In Yeors Months)  16. Under 1 Yr. If Under 24 F  Months)  17. Married, Never Married WIDOWED, DIVORCED (specify)  8. DATE OF BIRTH  9. AGE (In Yeors Months)  9. AGE (In Yeors Months)  18. DATE OF BIRTH  19. AGE (In Yeors Months)
HOSPITAL OR INSTITUTION  University Hospital  Baltimore, Md., 21201  D. STREET ADDRESS (If rurol, give location)  804 W. Lexing fon 5t,  S. SEX  6. RACE  7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)  W  3/22/1878  16 Under 1 Yr. If Under 24 Hours Min.
University Hospital  Baltimore - 21201  D. STREET ADDRESS (If rurol, give location)  804 W. Lexington 5t.  SEX  6. RACE  7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)  8. DATE OF BIRTH  9. AGE (In Yeors Months Days Hours Min.  9. AGE (In Yeors Months Days Hours Min.
13a/timora, red., 21201 804 W. Lexington 5t.  5. SEX  6. RACE  7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)  8. DATE OF BIRTH 3/22/1878 Ost birthdoy)  8. Married, Never Married Widoweb, Divorced (specify)  8. DATE OF BIRTH 3/22/1878 Ost birthdoy)  8. Married, Never Married Months: Doys Hours Min.
5. SEX   6. RACE   7. MARRIED, NEVER MARRIED   B. DATE OF BIRTH   9. AGE (In Years   If Under 1 Yr. If Under 24 Hours   Min. WIDOWED, DIVORCED (specify)   3/22/1878   lost birthdoy) 87   Months Doy's Hours   Min.
0/22/1010
0/22/1000
IGA LISTIAL OCCUPATION (Give kind of work) OR RUSINESS OR INDUSTRY 11 PROTEIN A FE (State of foreign country)
what country?
Maryland USA
13. FATHER'S NAME
Moriss Moore Mollio Campbell
15, Was Deceased Ever in U. S. Armed Forces?   16, SOCIAL   17, INFORMANT   ADDRESS
(Yes, no or unknown) (If yes, give was ar doles of service) SECURITY NO.
18. 465 X I CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the made of dying, e.g., DUE TO
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)
ANTECEDENT CAUSES  (B)  DUE TO
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the (C)
UNDERLYING CONDITION lost,
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
DISEASE OR CONDITION CAUSING IT.
19A. DATE OF OPERATION   19B. CONDITION FOR WHICH OPERATION   20A. AUTOPSY? (Yes of No.)   20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
Tes
U 21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Boltimate City, give exact location) hame, form, factory, street, affice bldg., INJURY OCCUR?
and continued in cape of lumber tolim, toctory, street onice pied? Indokt occors.
DEATH (notify medical examinet) etc.)
DEATH (notify medical examinet) etc.)  21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
DEATH (notify medical examines) etc.)  21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
DEATH (notify medical examinet)  21D. TIME (Month) (Day) (Year) (Hour)  21E. INJURY OCCURRED  White At Work  Not White  At Work  Work  Work  Wile At Work
DEATH (notify medical examinet)  21 D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED  OF INJURY (APPROX.)  While Al  Not While At Work  22. I certify that (I) (this hospital) attended the deceased fram 1965 to 1965
DEATH (notify medical examines)  21D. TIME (Month) (Doy) (Year) (Hour)  21E. INJURY OCCURRED  While Al Not While Al Wark  22. I certify that (I) (this hospital) attended the deceased fram 3 2 9 19 65 to 3 2 9 19 65 that (I) (wo) last saw the deceased alive on 3 0 19 6 5 and that in (my) (cor) apinian death occurred on the deceased of the decease of the decease of the decease of the decease of th
DEATH (natify medical examines)  21 D. TIME (Month) (Day) (Year) (Hour) 21 E. INJURY OCCURRED  While Al Work  22. I certify that (I) (this hospital) attended the deceased fram 1 4 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED  While A1 Not While A1 Not While A1 Wark  22. I certify that (I) (this hospital) attended the deceased fram A1 Wark  that (I) (we) last saw the deceased alive on July 30 19 6 5 and that in (my) (ear) apinian death occurred on the dard haur and from the causes stated abave. (I) (We) (did) (did not) view the bady after death.  23A. SIGNATURE  23B. DATE SIGNED
DEATH (notify medical examiner)  PERCONSIDER (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED  While A1 Not While A1 Not While A1 Wark  22. I certify that (1) (this hospital) attended the deceased fram A1 Wark  12. I certify that (1) (this hospital) attended the deceased fram A1 Wark  23. I certify that (1) (this hospital) attended the deceased fram A1 Wark  24. I certify that (1) (this hospital) attended the deceased fram A1 Wark  25. I certify that (1) (this hospital) attended the deceased fram A1 Wark  26. I certify that (1) (this hospital) attended the deceased fram A1 Wark  27. I certify that (1) (this hospital) attended the deceased fram A1 Wark  28. I certify that (1) (this hospital) attended the deceased fram A1 Wark  29. I certify that (1) (this hospital) attended the deceased fram A1 Wark  29. I certify that (1) (this hospital) attended the deceased fram A1 Wark  A1 Wark  A1 Wark  A2. I certify that (1) (this hospital) attended the deceased fram A2 Wark  A3. I wark  A4. Wark  A5. I wark  A6. Director Phys.
DEATH (notify medical examinet)  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED  While A1 Not While A1 Not While A1 Work  22. I certify that (I) (this hospital) attended the deceased fram A1 Work  that (I) (we) last saw the deceased alive on July 30 19 6 5 and that in (my) (ear) apinian death occurred on the dard haur and from the causes stated abave. (I) (We) (did) (did not) view the bady after death.  23A. SIGNATURE  23B. DATE SIGNED
DEATH (notify medical examinet)  21 D. TIME (Month) (Day) (Year) (Hour) 21 E. INJURY OCCURRED  While A1 Not While A1 Not While A1 Wark  22. I certify that (I) (this hospital) attended the deceased fram 19 5 and that in(my) (ear) apinian death occurred on the dand haur and from the causes stated abave. (I) (We) (did) (did not) view the bady after death.  23A. SIGNATURE  M.D. Attending Med. Stoff Phys. 23B. DATE SIGNED  23C. PHYSICIAN'S
DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) (Hour)  21E. INJURY OCCURRED  While Al Work  22. I certify that (1) (this hospital) attended the deceased fram  12. I certify that (1) (this hospital) attended the deceased fram  12. I certify that (1) (this hospital) attended the deceased fram  12. I certify that (1) (this hospital) attended the deceased fram  12. I certify that (1) (this hospital) attended the deceased fram  12. I certify that (1) (this hospital) attended the deceased fram  13. I go for and that in (my) (the proposition of the deceased alive on the deceased alive on the deceased alive on the deceased alive on the deceased fram  23. SIGNATURE  BENDAL ALICATION, 24B. DATE  24C. NAME 61 CEMETERY of CREMATION, 24D. LOCATION (City, town, 61 county) (Sinter December 12)
DEATH (notify medical examiner)  21D. TIME (Manth) (Day) (Year) (Hour)  21E. INJURY OCCURRED  While A1 Not While A1 Not While A1 Wark  22. I certify that (I) (this hospital) attended the deceased fram A1 Wark  22. I certify that (I) (this hospital) attended the deceased fram A1 Wark  19 65 to July 30 19 65 and that in (my) (cor) apinian death occurred on the dand haur and from the causes stated abave. (I) (We) (did) (did not) view the bady after death.  23A. SIGNATURE  BENNAL DECEMBATION, 24B. DATE 24C. NAME 61 CEMETERY at CREMATORY 24D. LOCATION (City, town, 81 county) (State 24D. LOCATION)
DEATH (notify medical examiner)  etc.)  21D. TIME (Manth) (Day) (Year) (Hour) 21E. INJURY OCCURRED (APPROX.)  While A1 Not While (A1 Work) 22. I certify that (I) (this hospital) attended the deceased fram 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
DEATH (notify medical examines)  21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED  While AI Not While AI Work  22. I certify that (I) (this hospital) attended the deceased fram J. V. J. 9. 19. 65 to J. V. J. 30. 19. 65  that (I) (we) last saw the deceased alive on J. V. J. 9. 19. 65 to J. V. J. 30. 19. 65  that (I) (we) last saw the deceased alive on J. V. J. J. S. and that in (my) (ear) apinian death occurred on the dand haur and from the causes stated abave. (I) (We) (did) (did not) view the bady after death.  23A. SIGNATURE  BENNAND  Attending Med. Director Phys. 1. 7. 30/65  BUNIAL CREMATION, 24B. DATE JAC. NAME of CEMETERY or CREMATORY  REMOVAL (Specify)  BUNIAL CREMATION, 24B. DATE  CARVER Member (a) Pack Lawr Mod 1.

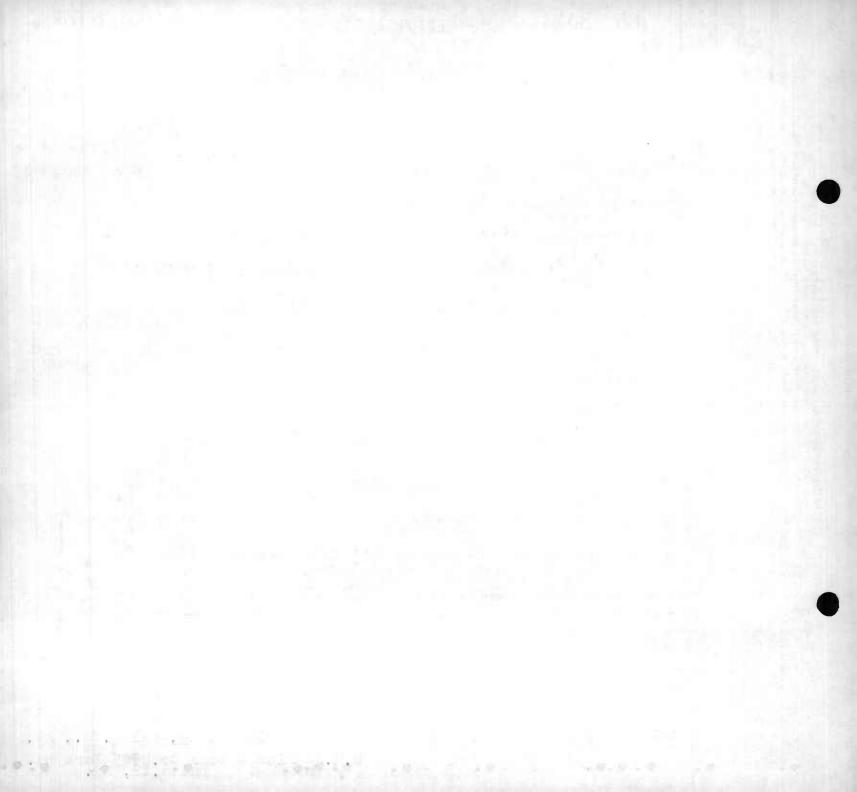


	r institution, giv	te street  L HOSPITAL		ek	1/-2	9
Charles G	GENERAL	L HOSPITAL	WHITE	PLAINES	RURAL ond give	township)
ACE /		L HOSPITAL	D. SIKEEL ADDRESS	till annual minus is a stinut		- 21
	Z. MARRIED. N		109 OR	AWAUPUM	57.	
	WIDOWED,	EVER MARRIED DIVORCED (specify)	3-20-3/	9. AGE (In years lost birthdoy)	If Under 1 Yr. Months Doys	If Under 24 Hrs. Hours Min.
TION (Give kind of work) ing life, even il retired) TOR	IOB, KIND OF B	USINESS OR INDUSTRY	BALTIMON	E Md	12. CITIZEN OF WHAT CO	UNTRY?
	IER		ELIZABE	TH PENDL	ETON	
in U. S. Armed Force	es?  1	6. SOCIAL SECURITY NO.	ELIZABETH	There) PENDLETOR	7 2306	GUILFORD
CONDITIONS, if a bove couse (A) on ONDITION last.  ANT CONDITIONS COME BUT NOT RELATED	ny, giving sloting the	(B) DUE TO		,		
WAS UNDERLYING GCAUSE OF	DITION FOR WHORMED	LACE OF INJURY(e.g., i	n or obout 21 C. WHERE DID	IN CERTIFYING CA	USES OF DEATH	?
	(Hour) 21 E. II	At Not Whil	e 🗀	INJURY OCCUR?		
t saw the deceased	d abave. (N)	(We) (did) (did not) v	3 19 65 ond	that in (mx) (aur) apl	23B. DATE SIGN	curred on the date
4 - 10	RIEDMA	77 M.D.	5211 AAR	FORD Rd,	BALTIM	none, Md
TO A TIME SOID OF THE TOTAL OF THE TENT OF	In IU. S. Armed Force yes, give wor or dotes of the course	In U. S. Armed Foices?  yes, give wor or dotes of service)  PR CONDITION DIRECTLY  ADING TO DEATH  mean the made of dying, e.g.,  tenia, etc. Il means the disease,  alion which coused death.)  ECEDENT CAUSES  CONDITIONS, if any, giving  thove couse (A) stoling the  ONDITION last.  IL  ANT CONDITIONS CONTRIBUTING  H BUT NOT RELATED TO THE  NOTION CAUSING IT.  ERATION 198. CONDITION FOR WH  WAS PERFORMED  VAS UNDERLYING  G CAUSE OF  dicol exominer)  Onth) (Doy) (Year) (Hour) 21E. Il  While  Work  TO WHILE  TO THE  WAS TO THE  While  The couses stated above. W	TON FRAZIER  I in U. S. Armed Foices? I yes, give wor or dotes of service)  CAUSE O  RECONDITION DIRECTLY ADING TO DEATH  Imean the made of dying, e.g., Inenia, etc., Il means the disease, Inenia, etc., Inenia, Ine	ELIZABE  In in U. S. Armed Forces?  yes, give wor or doles of service)  CAUSE OF DEATH  CR CONDITION DIRECTLY  ADING TO DEATH  DIRECTLY  ADING TO DEATH  The made of dying, e.g.,  The men like made of dying, e.g.,  The men like made of death.)  ECEDENT CAUSES  CONDITIONS, if any, giving  The bove couse (A) stoting the  ONDITION last,  II  UNIT CONDITIONS CONTRIBUTING  H BUT NOT RELATED TO THE  WOITHON AUSING IT.  ERRATION 198. CONDITION FOR WHICH OPERATION  WAS PERFORMED  WAS UNDERLYING   home, lorm, foctory, street, office bidg., Injury Occur.  WAS UNDERLYING   home, lorm, foctory, street, office bidg., Injury Occur.  While Al   Not While   Al Work  Al Work  TO WAS UNDERLYING   Al Work  AND A Work  The Sam the deceased olive on AUGUST 2  The saw the deceased olive on AUGUST 3  The sam the sam the security of the body after deceased the sam th	ELIZABETH PENDLE  TO U. S. Ammed Forces?  Yes, give wor or dotes of service)  CAUSE OF DEATH  CAUSE OF DEATH	ELIZABETH PENDLETON  IN U. S. Armed Forces?  Yes, give wor or doles of service)  I 6. SOCIAL SECURITY NO.  CAUSE OF DEATH  CAUSE OF DEATH  CAUSE OF DEATH  INTERVONSET  ONSET  CONDITION DIRECTLY DING TO DEATH  ADDRETO  (A) POSSIBLE MYDICARDIAL INFRECTION  DUE TO  DUE TO  CONDITIONS, if only, giving the conditions of the conditions of the condition of the conditions of the condition of the condition of the conditions of the condition of the condi

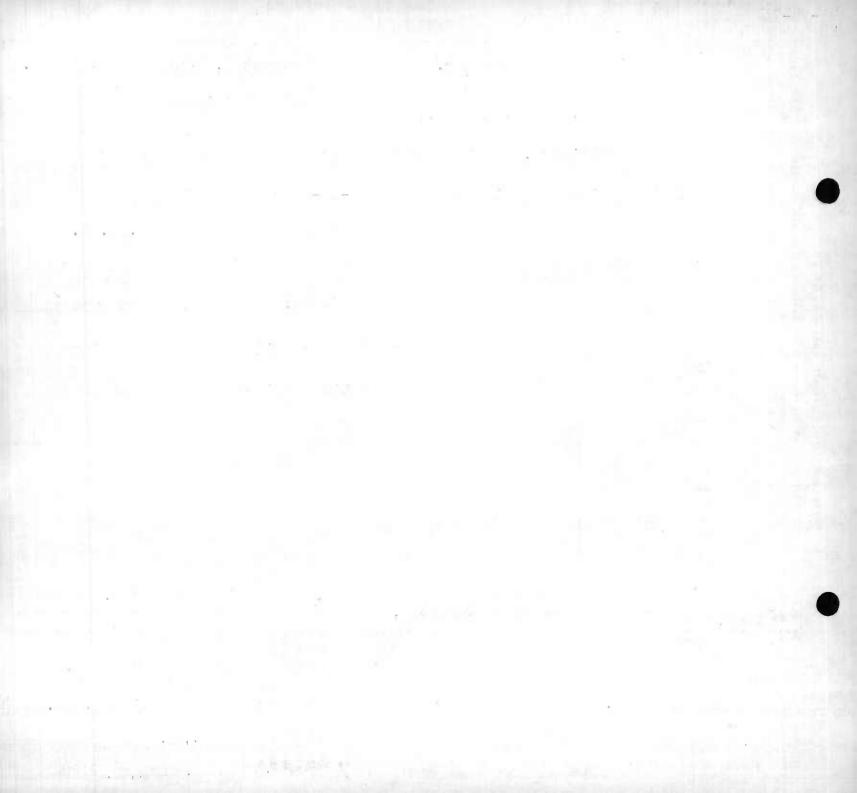


VS 150-REV. 1/1/65

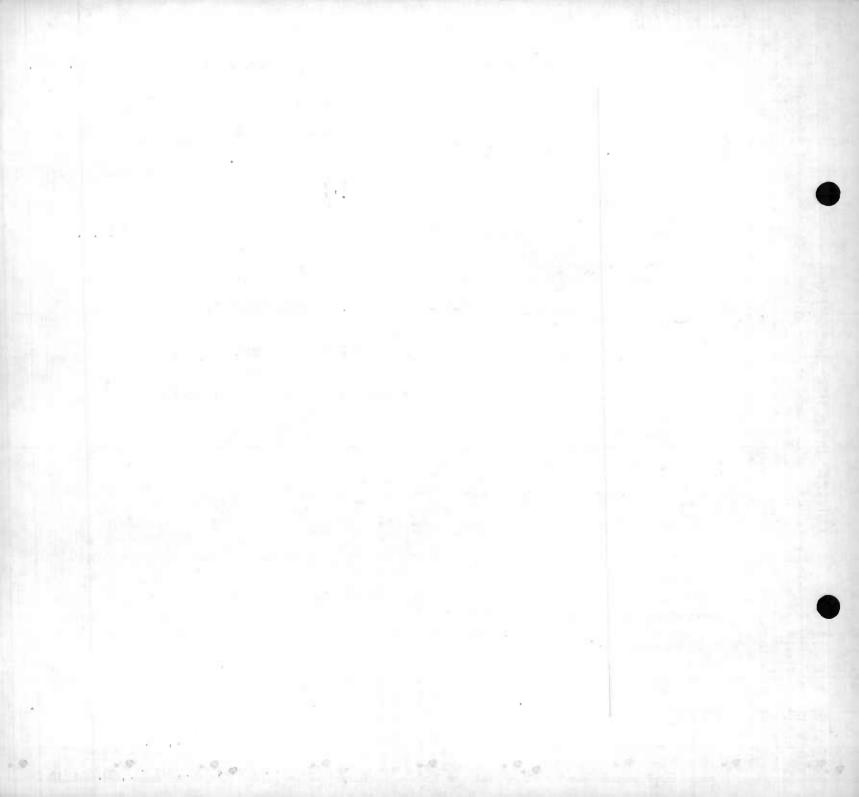
BALTIMORE CITY HEALTH DEPARTMENT



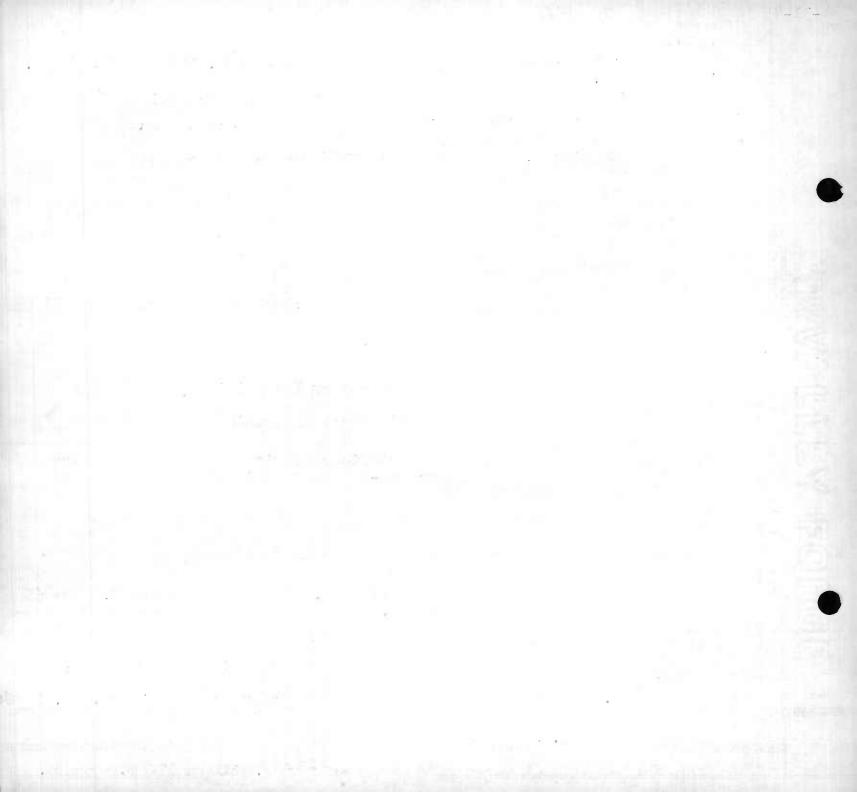
1 \$ 500 <sub>65</sub>	8075		TY HEALTH DEPARTMENT	X	65 8075
M.E. CASE NO.	) 0070	CERTIFIC	ATE OF DEATH	Registered No.	00 00.0
1. NAME OF DECI	ASED		2. DATE AN	NO HOUR OF DEATH	
(Type or Print) Lo	uis Albert	Schaum Sr.	Augus	t 2, 1965	5:20 P.M.
B. PLACE OF DEA	TH IN BALTIMORE, MARY	LAND	4. USUAL RESIDENCE (Whe	ere deceased lived. If in	nstitution: residence before admission)
FULL NAME O	F (If not in hospital ar	institution, give street	Manstland	Ral + imana	
FULL NAME O HOSPITAL OR INSTITUTION			Maryland c. city or town (If ou	itside city limits, write	RURAL and give township)
)		City Hospitals		RURAL	53-00
1		ern Avenue		rural, give location)	
		, Maryland 2122	7 4 2 4 4		1234
5. SEX	6. RACE 7	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
Male	White	Widowed OR KIND OF BUSINESS OR INDUST	5-12-1892	73	
	IPATION (Give kind of work) vorking lile, even if retired)	OB, KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stote or fore	eign country)	12. CITIZEN OF WHAT COUNTRY?
RETIRED	ROUTE SALESMA	AN	Maryland		U. S. A.
13. FATHER'S NAM			14. MOTHER'S MAIDEN NA	ME	
LOUIS A	SCHAIM		AUGUSTUS HART	MAN	
15. Was Deceased	Ever in U. S. Anned Force	s? 16. SOCIAL	17. INFORMANT	- 44 54 7	ADDRESS
(Yes, no or unknown)	(If yes, give war ar dates	of service) SECURITY NO.	DEGODDG DG	1 - 1	
18./00	V .	CALLS	OF DEATH	н 4940 Еаз	stern Avenue
1//	E OR CONDITION DIRE		OF DEATH		ONSET AND DEATH
	LEADING TO DEATH		ningtons Fail	11770	20 Minutes
	of mean the made at a		spiratory Fail		
	osfhenia, etc. II means t plicalian which coused d				
A	ANTECEDENT CAUSES	(B) Pro	static Carcin	oma	3 Years
DISEASES O	R CONDITIONS, if an				
	abave cause (A) s CONDITION last.	sfaling the (C)			
ONDEREING					
OTHER SIGNII	FICANT CONDITIONS CO	NTRIBUTING			
E TO THE DI	EATH BUT NOT RELAT	ED TO THE			
	OPERATION 198. COND.	TON FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or N	O) 208, IF YES, WERE	FINDINGS CONSIDERED
19A. DATE OF			Yes	Yes	
OR CONTRIBU	TING CAUSE OF	21B. PLACE OF INJURY (e.g home, larm, factory, street,	office bldg., INJURY OCCUR?	(If in Boltimor	e City, give exoct locotion)
DEATH (notify	medical examiner)	etc.)			
OF INJURY	(Month) (Doy) (Year)	(Hour) 21E. INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
(APPROX.)		While At Wark At Wa	hile rk		
22. I certify	that (1) (this hospital)	ottended the deceased from	une 23.	19 65 to Aug	ust 2, 19 65.
		olive on August 2.	16		nion death occurred on the date
		ed obove. (1) (We) (did) (did not		(, , (, ,	
23A. SIGNATU		d obove. (i) (iie) (did) (did lib)	THE DOLY OTHER GEOTIL.		23B, DATE SIGNED
1 - 1	Mark		Attending Med.	Stoff Phys.	
23 C. PHYSICIA	N'S		hys. Director 23D. ADDRESS	Phys.	August 2, 1965
NAME (T	(pe)				
244 BUSIAL COST	Dr. Howard	Rathbun M.	4940 Eastern		ltimore, Md.2122
24A. BURIAL CREA	pecify)	24C. NAME of CEMETERY OF	REMAIORY 24D. L		ity, town, or county) (State)
BURIA		GARDENS OF FAITH	CEMETERY 25C. FUNERAL DIRECTOR	BALTO., MD.	
25A. DATE REC'D		25B. NAME OF REGISTRAR			ADDRESS
AU	G 4 1965 A	OFF S TO DIME	LEONARD J.	RUCK, INC. BAI	LTO. MD. 21214
\$ 150-REV, 1/1/6	.5	, , , , , , , , , , , , , , , , , , , ,			



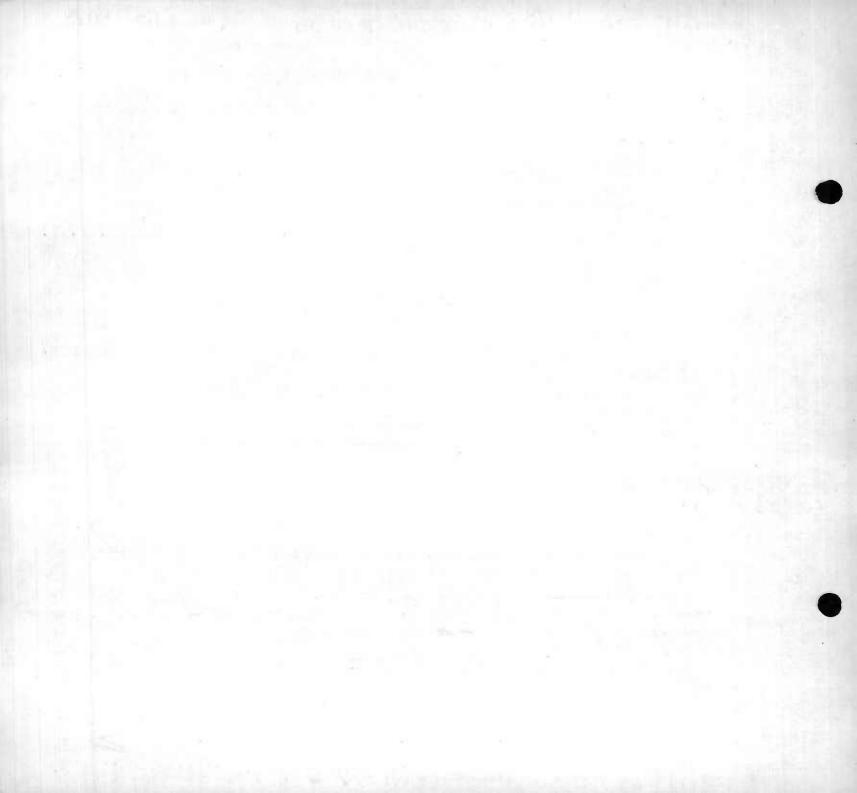
C4	30 DOVE		BALTIMORE CITY	HEALTH DEPARTMENT		65 8076
BIRTH NO.	62 2010		CERTIFICA	TE OF DEATH	Registered Na	00 0070
M.E. CASE NO		R.			AND HOUR OF DEATH	
Type or Print)	Culotta,		;		ust 2 1965	5.40PM.
B. PLACE OF	DEATH IN BALTIMORE, MA					stitution: residence before admission
					UNTY	07-44
HOSPITAL		or institution,	give street	Maryland C. CITY OR TOWN (IF		2/
INSTITUTION	N			Baltimore		KUKAL ond give township)
/					(If rurol, give location)	
*	St. Joseph	s Hospit	al	3501 White	Ave.	
. SEX	6. RACE	7. MARRIED,	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hr Months: Doys Hours Min.
ale	rah i + o		D, DIVORCED (specify)	nov 1 1892	10st birthdoyl	Months Doys Hours Min.
	CCUPATION (Give kind of world	Marrie	BUSINESS OR INDUSTRY			12. CITIZEN OF
one during mos	st of working life, even if retired)				,	WHAT COUNTRY?
Retir		Peroduc	e Business	ITALY		U.S.A.
FATHER'S	NAME			14. MOTHER'S MAIDEN N	AME	
PAS	QUALE CULOTTA			ROSA FA	VA	
. Was Deced	osed Ever in U. S. Armed Farown) (If yes, give wor or date	rces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT	, A 4 P	ADDRESS
es, no or brikin	own/(ii yes, give wor or don	es of servicer		AMO DOCADIA	OUT OFF	0.436
18. 4	0.0.6		216-32-8896 CAUSE O	MRS. ROSARIA	CULUITA,	SAME
10	20.01		CAUSE	DEATH		ONSET AND DEATH
DIS	LEADING TO DEATH	RECILY	**		7	
(This doe	s not meon the mode of	dvina e a	(A) Vent	ricular fibril	Lation	
heart faile	uie, osthenio, elc. Il meons	the discose,				
injury or	complication which caused	death.)	Anaka			
	ANTECEDENT CAUSES		(B) AFTE	riosclerotic H	eart Disease	
	OR CONDITIONS, if					
	The above cause (A)	stating the	(C)			
O I I D E I I E						
Z OTHER SI	II GNIFICANT CONDITIONS (	ONTRIBILITIN	G			
E TO THE	OR CONDITION CAUSING	ATED TO TH				
	OF OPERATION 198. CON	IDITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes or	No. 208, IF YES. WERE	FINDINGS CONSIDERED
19A. DATE	WAS PER	FORMED		no	No) 208, IF YES, WERE IN CERTIFYING CA	USES OF DEATH?
21A. ACC	IDENT WAS UNDERLYING	21 B	PLACE OF INJURY (e.g., in	or obout 21C. WHERE DID	(If in Boltimore	City, give exact location)
OR CONT	RIBUTING CAUSE OF	hom etc.	e, form, factory, street, of	fice bldg., INJURY OCCUR?		
)				015		
OF INJUR	(Month) (Doy) (Year)		INJURY OCCURRED		NJURY OCCUR?	
(APPROX.)		Wh	ile At Not While	e		
22. 1 cert	tify that (1) (this haspita	l) attended +	he deceased from	July 12	19 65 to Aug	ust 2 19 65
	we) last saw the decease			65		
						nion death accurred an the do
	and fram the causes sta	ted abave. (	i) (We) (did) (dld nat) v	few the bady after deat	h.	
23A. SIGN	ATURE AD O					23 B. DATE SIGNED
	Res	200	M.D. Atte	ending Med. Director	Stoff Phys.	August 2 1965
23 C. PHYSI	CIAN'S			23D. ADDRESS		
MAM	Bernarding	o A. Alc	nso M.D.	1400 N. Caro	line St Dalt	imama 21212 363
AA. RUPIAL 4	CREMATION, 248. DATE		AME of CEMETERY OF CRE			imore 21213 Md.
REMOVA	AL (Specify)	24C, N	MINIE OF CENTETERS OF CRE	240	LUCATION (C)	ty, town, or county) (State)
BUR	IAL 8/6/6	5 HO	LY REDEEMER CH	EMETERY	BALTO.,	MD.
	C'D BY HEALTH DEPT.		OF REGISTRAR	25C. FUNERAL DIRECT	OR	ADDRESS
Al	JG 4 1965 (P.)	Bubit.	Jarbenton	· LEOMARD J	. RUCK, INC., B	ALTO MD 24241
/S 150-REV. 1	/1/65				, ,	ALTO., MD. 21214



M.E. CASE NO. 1. NAME OF DECEASED (Type or Print)					2. DAT	AND HOUR OF DEATH	70 001
(Ту	e or Print)	Paniel Broo	ke		Ann	mst 2 106	5   4:45
3.	LACE OF DE	Paniel Brock MATH IN BALTIMORE, M	ARYLAND		4. USUAL RESIDENCE (	where deceased lived. If i	nstitution: residence before
	ULL NAME O	OF (If not in hospite	Lor institution	Tive sheet		Anne Arund	67
	OSPITAL OR	oddress or locati	on)		Maryland c. city or town	f outside city limits, write	RURAL ond give townshi
		Baltimor	e City	Hospitals	East Glen	Burnie	RURAL 5~
1		4940 Eas			D. STREET ADDRESS	(If rurol, give location)	
_				yland 21224		ace Branch	
5. 5		6. RACE	7. MARRIED,	NEVER MARRIED  D. DIVORCED (specify)  WED	8. DATE OF BIRTH	9, AGE (In years lost birthdoy)	Months Doys Hours
	lale	Negro			188	1 84	
don	during most of	Working life, even if retired	TK 10B. KIND OF	BUSINESS OR INDUSTRY		foreign country)	12. CITIZEN OF WHAT COUNTRY
H	Lal	oorer			Maryland		
13.	FATHERS NA	ME			14. MOTHER'S MAIDEN	NAME	
		Unknown			Unknown		
15.	Was Deceased	Ever in U, S. Armed F	orces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
116	, or onknow	yes, give wor or do	or selvice)	SECURITY NO.	DECODING - DO	T hole Past	0 mm
-	18.44 Y	2 1		CAUSE O		H 4940 East	ern Avenue
		SE OR CONDITION D	IRECTLY				ONSET AND
		LEADING TO DEATH		(A) Care	diac Arrest		0
	(This does	not mean the made a	I dying, e.g.,	DUE TO	A. A		
		mplication which couse		D		001	1. 7
-		ANTECEDENT CAUSE	S	(B) Kesp	iratory Ins	ulliclency	4 Days
		OR CONDITIONS, if					le Danne
		e abave couse (A G CONDITION last.	stating the	(C) D11	ateral Pnew	monia	4 Days
Н		11					
ATION	OTHER SIGN	IFICANT CONDITIONS	CONTRIBUTING		erioscleros		30 Year
AT	DISEASE OR	CONDITION CAUSING	IT.	Cerebro	-Vascular A		3 Hour
RTIFIC	19A. DATE OF		NDITION FOR V	WHICH OPERATION	20 A. AUTOPSY? (Yos	IN CERTIFYING CA	FINDINGS CONSIDERED
CERT	21 A ACCIDE	NT WAS LINDERLYING	7 210	DI ACE OF ANITHON (	No		
AL C	OR CONTRIB	NT WAS UNDERLYING	hom otc.)	PLACE OF INJURY (e.g., i.e., form, foctory, street, o	fice bldg., INJURY OCCU	R?	re City, give exact location
U		medical examined					
MEDI	21 D. TIME OF INJURY	(Month) (Doy) (Yeo		ite At Not While		INJURY OCCUR?	
	(APPROX.)		Wo	rk			
_				ne deceased from J		19 65 to Au	gust 2,
~	that (I) (we)	last saw the deceo	sed olive on	August 2,	19 <u>65</u> on	d that in (my) (our) op	inlon death occurred
~	(1) (		oted obove. (I	) (We) (did) (did not) v	iew the body after dec	oth.	
<		d from the causes st	1				23B, DATE SIGNED
<			11				
<	and haur on		#	M.D. Alle	minding Med. Director	Stoff Phys. X	August 2.
V	and haur on	Jeff de	#	Phy	minding Med. Director 23D. ADDRESS	Stoff Phys.	August 2,
V	and haur on	AN'S (ype)	d Rathl	Phy	23D. ADDRESS		
	and haur on 23A. SIGNATU 23C. PHYSICI, NAME (	ANS (ype) Dr. Howar		Phy	<sup>23D.</sup> ADDRESS +9 <sup>1</sup> +0 Easteri	n Avenue Bal	
	23C. PHYSICI, NAME (	ANS (ype) Dr. HOWAY EMATION, 24B. DATE (Specify)	24C. N	DUN M.D.	23D. ADDRESS +940 Easteri MATORY 24	Avenue Bal	City, town, or county)
244	and haur on 23A. SIGNATI 23C. PHYSICI NAME (	ANS (ype) Dr. Howar  EMATION, 24B. DATE (Specify)	24C. N	oun M.D.  AME of CEMETERY of CRI  ace Methodist	23D. ADDRESS +940 Easteri MATORY 24	Avenue Bal	ltimore, Mo



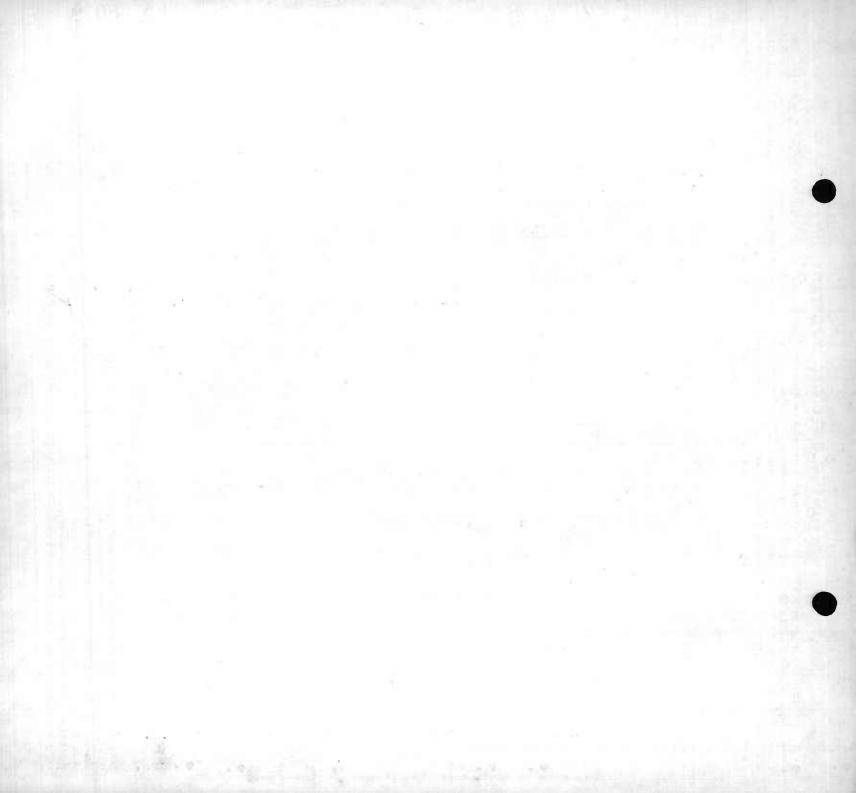
M.E. CASE	n.	5 807	10	CERTIFICA	TE OF DEATH	Registered No	65 8078		
	NO.			CERTITICA		ND HOUR OF DEATH			
Type of Prin	11)	essie C	herry				8.15 P:		
PLACE O		ALTIMORE, MA			4. USUAL RESIDENCE (Wh A. STATE B. COU	ere deceased lived. II in:	8:45 P:		
FULL NA	ME OF III	not in hospital	or institution	. give street	Maryland	7-1	1-0		
HOSP)TAL	L OR od	dress or lacation	n)	, give sneet	C. CITY OR TOWN (If outside city limits, write RURAL and give township)				
0		0.0 1	TT		Baltimore				
D. U.	A	Sinai	nospi	tal		rural, give location)			
. SEX	6. RACE		T AAADDIE	D. NEVER MARRIED	2224 West F	Ryette Stre	T 40 41 1 2 W (1 41 1 0 4 41		
			WIDOW	ED, DIVORCED (specify)	- 10 1	last birthday)	Months Doys Hours Min.		
Femal	OCCUPATION	gro		ried of BUSINESS OR INDUSTRY	10/8/1911 11. BIRTHPLACE (State or for	53 eign country)	12. CITIZEN OF		
lone during m	nost of working life						WHAT COUNTRY?		
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	ord But		_		Unknown		ADDRESS		
es, no or un	ceased Ever in l known) (II yes,	J. S. Armed For give war at date	rces? es of service	SECURITY NO.	17. INFORMANT		ADDRESS		
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, 0		ONDITION DI	RECTLY		- A	. 7			
(This d		the made of	dvina. e.d	(A) Hyp	ertensive Car	ralo vascu-	yrs.		
heart fo	ailure, asthenia	, elc. Il means which caused	the diseas	e, lar	Renal Diseas	se			
injury o		DENT CAUSES		(B) Acu	te Cardiac Fa	ailure			
DISCAS				DUE TO					
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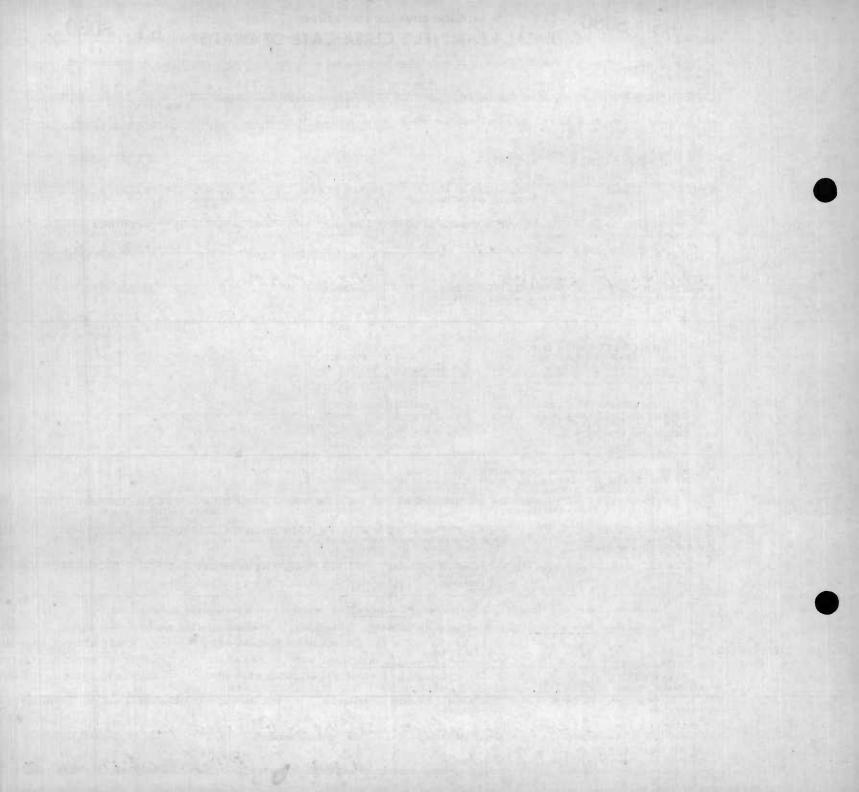
IMPORTANT

DIRECTOR:

FUNERAL



VS 151-REV. 1/1/65

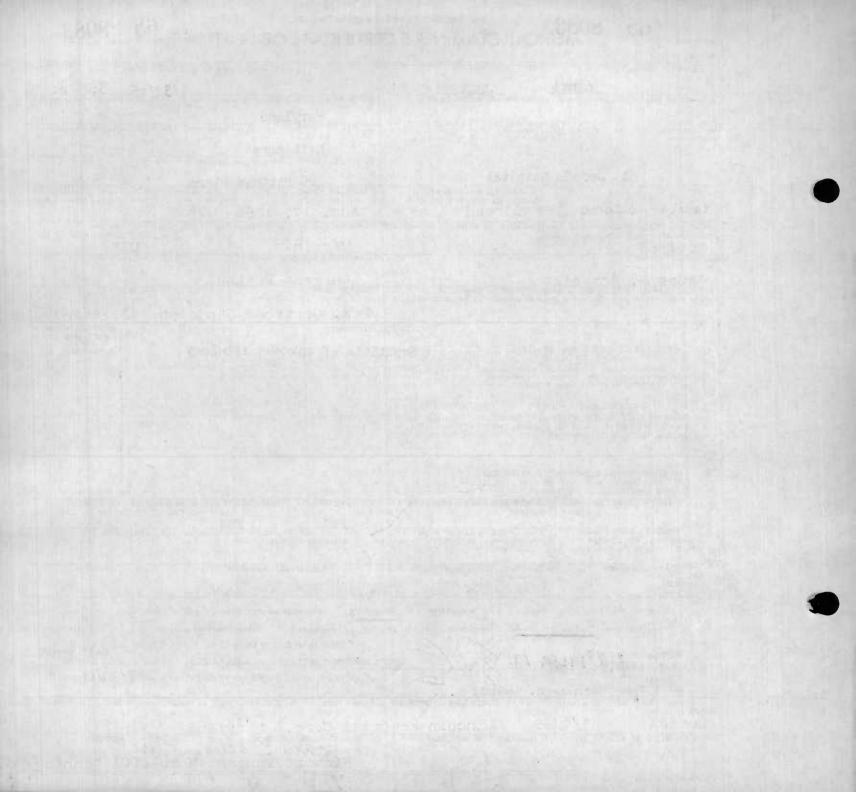


3/9/65 - Antopsy revedent Information received traphone from Dr. Richmon - BCH.

	BALTIMORE CITY HE									
	BIRTH NO. 65 808 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH Registered No. 8082								
		SERVINICATE OF BEATTIME								
K -7 ~ 5	A.E. CASE NO.  2. DATE AND HOUR PRONOUNCED DEAD									
11-300	(Type or Piint)									
	DORA KATZ	8/2/65 6:35 p. M.								
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. STATE  B. COUNTY								
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Maryland								
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (If autside carparate limits, write RURAL and give township)								
	N.S.II.O.II.O.II	Baltimore								
1		D. STREET ADDRESS (If rural, give lacation)								
	0: : 77	4165 Fairview Ave.								
	Sinai Hospital  5. SEX   6. RACE   7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH   9. AGE (In years   If Under 1 Yr, If Under 24 Hrs								
	WIDOWED, DIVORCED(specify)	lost birthday Months, Doys, Haurs, Min.								
	female white MARRIED	76								
	10A. USUAL OCCUPATION (Give kind of work TOB. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY?								
	dane during most of working life, even if retired)  Housewite	RUSSIA U.S.A								
	13, FATHER'S NAME	14. MOTHER'S MAIDEN NAME								
	102 7777	7								
	HISKAHAM	DESSIE MAMIE								
	(Yes, no grunknawn), (If yes, give war ar dates of service)  16. SO CIAL SECURITY NO.	17. INFORMANT ADDRESS								
	4/	N 1 - S - I								
	18. (CALL	SE OF DEATH OSEINUTZ KEY AVE								
	4 22 / I	ONSET AND DEATH								
	DISEASE OR CONDITION DIRECTLY									
	LEADING TO DEATH (A) Arter	riosclerotic cardiovascular disease								
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,									
	injury or complication which caused deoth.)									
	ANTECENDENT CAUSES									
	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	•••••••••••••••••••••••••••••••••••••••								
	RISE TO THE ABOVE CAUSE (A) STATING THE									
	7 (C)	UNDERLYING CONDITION LAST.								
	Į į									
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING									
	S TO THE DEATH BUT NOT RELATED TO THE									
	DISEASE OR CONDITION CAUSING IT.									
	19A, DATE OF OPERATION 19B, CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?								
		yes yes								
		office bldg., INJURY OCCUR?								
	UTING CAUSE OF DEATH.	The stage in the s								
	3	D 21F, HOW DID INJURY OCCUR?								
	OF INJURY									
	(APPROX.)  WHILE AT NOT WHILE TO NOT WHILE AT WORK									
	22.									
		and that an this basis, death in my apinlan								
	resulted fram: Natural causes 🕱 Accident 🗌 Suicide 📗 Hamicide 🗌 Undetermined manner									
	CHIEF MEDICAL EXAMINED									
	ACTUAL MORALE LA 9	D. ASSISTANT MEDICAL EXAMINER 🔀								
	EXAMINER'S	ASSOCIATE MEDICAL EXAMINER 0/3/05								
	NAME (Type) Werner II. Spitz. M.D.	loop to a state of								
	REMOVAL (Specify)	or CREMATORY 23D. LOCATION (City, town, or county) (State)								
	Burine 8/4/65 mi Capmel:	BAID CTA BAITE CTA mid								
	24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	BALTE. C.T. BALTE. C.T. Md.								
		- , 0								
	AUG 4 1965 (P.O. A & Falance	THER LEWIS = 2100 ECTAULT								
	VS 151-REV. 1/1/65									

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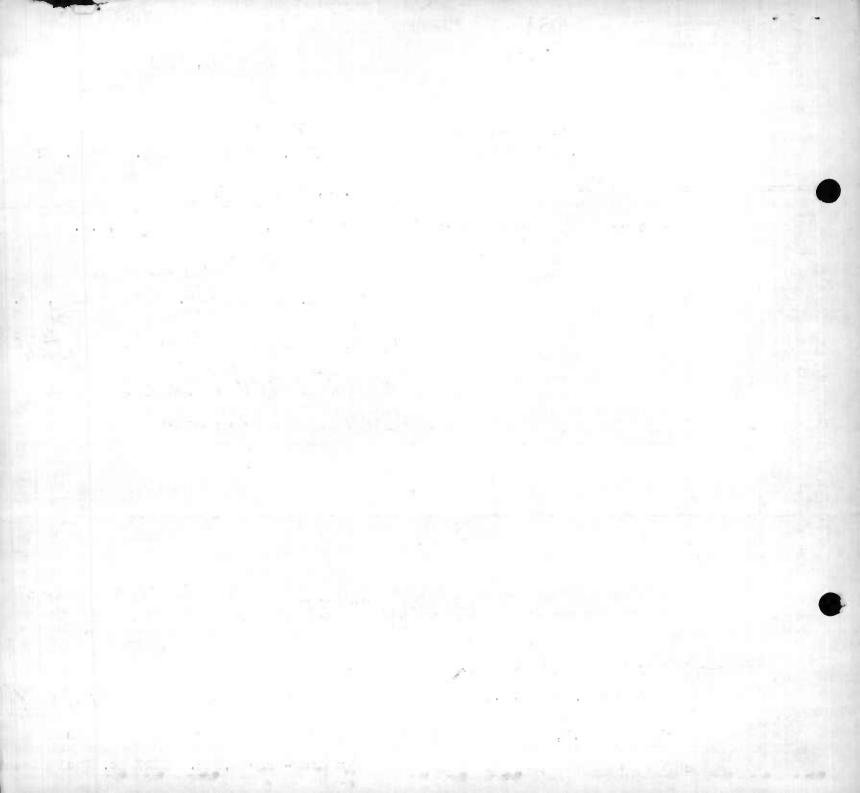
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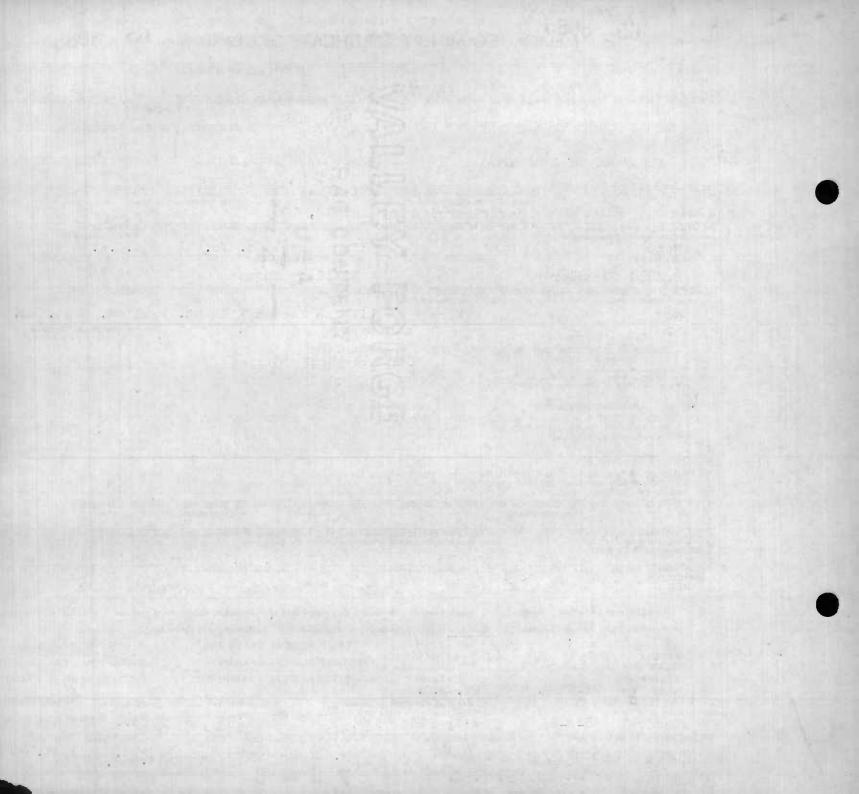


DIRECTOR:

FUNERAL

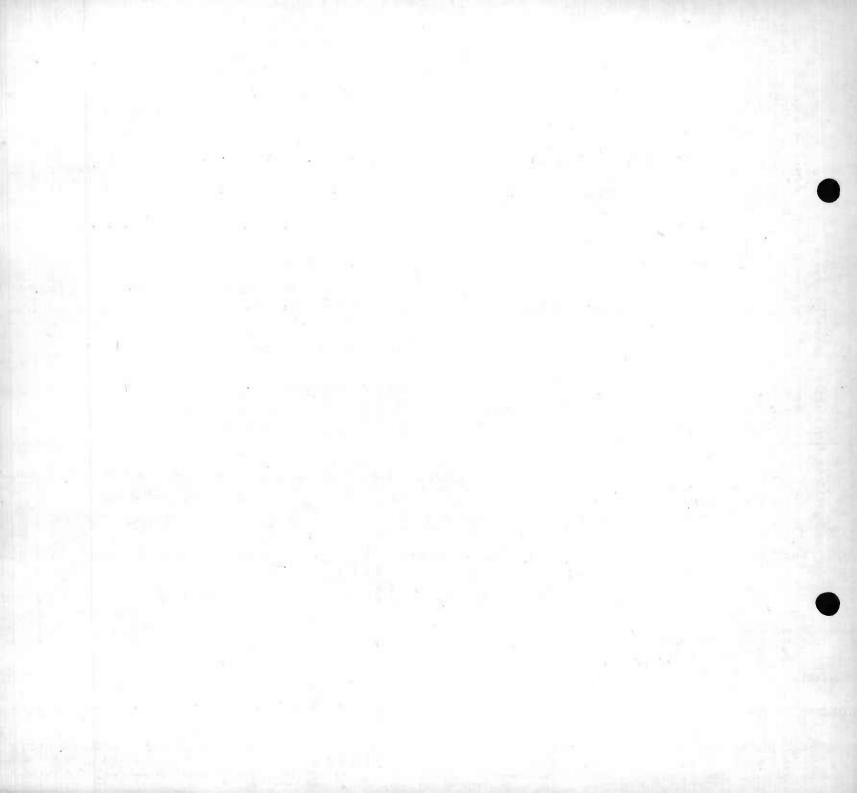
BALTIMORE CITY HEALTH DEPARTMENT Registered No. 808 CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) Cole Anne 30, July 1965 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A, STATE
B. COUNTY Maryland FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city )imits, write RURAL and give township) INSTITUTION Baltimore Broadview Apartments D. STREET ADDRESS (If rurol, give location) 116 W. University Parkway Apt. 720 116 W. University Pkwy. 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. 5. SEX Hours WIDOWED, DIVORCED (specify) Female White Widow 4, 1907 Nov. 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. Secretary Isbrandtsen Lines Baltimore, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME (unknown) Larkins Unknown 15. Was Deceased Ever in U. S. Armed Forces: 17. INFORMANT 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. Reisterstown, Md. James M. Carpenter Jr. No INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., hearl failure, osthenia, etc. Il means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoling the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20 A. AUTOPSY? (Yes or No.) 20B. IF YES. WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? ()f in Boltimore City, give exact location) DEATH (notify medical examiner) MEDIC 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) Al Work Work 22. I certify that (1) (this haspital) attended the deceased from that (I) (we) lost sow the deceased alive on .19... ...ond that In(my) (our) opinion (oath occurred on the date and hour and from the couses stated above. (1) (We) (did (agt) view the body after death. 234 SIGNATUR 23 BOATE SIGNED Attending M.D. Phys. Director 23 C. PHYSICIAN'S 23D. ADDRESS NAME Joseph E. Muse, Jr., M.D. 24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify) Baltimore Maryland Aug. 3, 1965 Loudon Park Cemetery ADDRESS 25A, DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Wm Cook-Brooks, Inc. 1217 St. Paul Stree VS 150-REV, 1/1/65

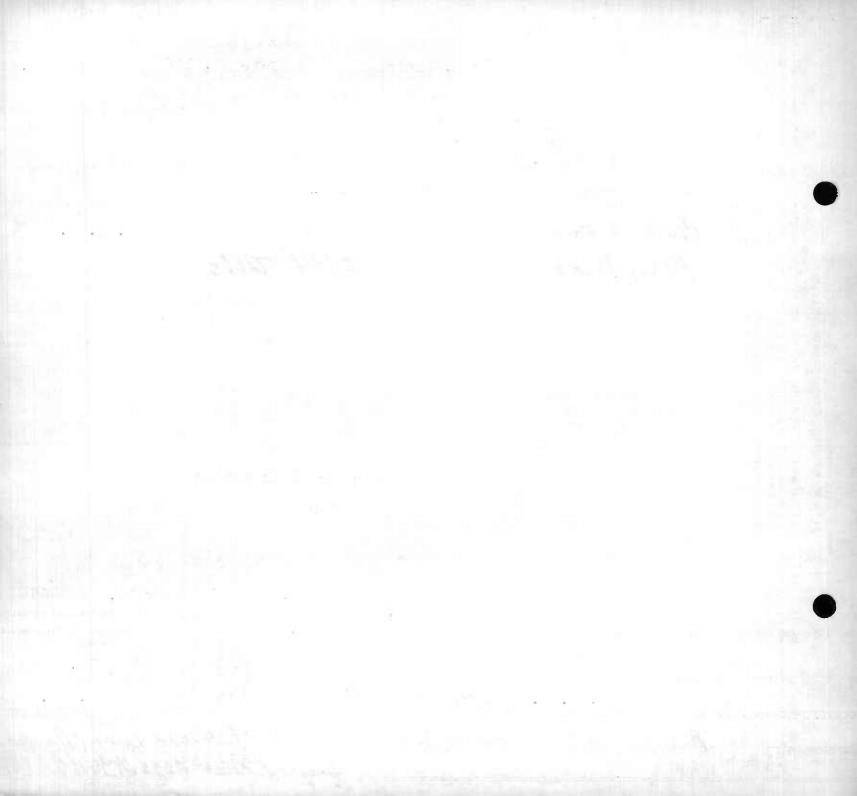




FUNERAL DIRECTOR: IMPORTANT

0			CEDTIEIC	TE OF DEATH	Registered No	. 65 8	U86_
IRTH NO.	5 8086		CERTIFICA	AL OI DEATH			
NAME OF DEC	EASED			2. DATE A	ND HOUR OF DEAT	Н	
Type or Print)	JGHES, James	(NMT)		8/	3/65	11:2	5 P.
. PLACE OF DE	ATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (Wh			
FULL NAME (		or institution,	give street	A. STATE B. COU Maryland	NTY	8-6	3
HOSPITAL OR	oddress or location	n)		C. CITY OR TOWN (If o	utside city limits, write	e RURAL and give tow	nship)
	Administrati	ion Hosy	oital	Baltimore			
	ch Raven Boule			D. STREET ADDRESS	f ruiol, give location)		
	re, Maryland 2			2619 E. Chase	Street		
. SEX	6. RACE	7. MARRIED,	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr.     Months   Doys   H	f Under 24
Male	Necmoid	Widow	D, DIVORCED (specify)	12/14/93	lost birthdoy)	Months Doys H	ours N
	Negroid			Y 11. BIRTHPLACE (State or for	oion country)	12. CITIZEN OF	1
ane during most of	working life, even if retired)	TOB. KING O	DOSINESS OR INDOSIR			WHAT COUN	TRY?
Chauffer				Baltimore, Ma	ryland	U.S.A.	
3. FATHER'S NA	ME			14. MOTHER'S MAIDEN NA	ME		
James Hu	rches			Emma Banks			
	Ever in U. S. Armed For	200-2	11.6 500141	17. INFORMANT		400000	
es, no oi unknowi	(If yes, give wor or dote	s of service)	SECURITY NO.	VA Hospital R	Records 3900	Loch Raven	
Yes	6/21/18 2/3	27/19	217 07 7940	Baltimore, Ma			
18. / 6 0	7./1	- 11 - )		OF DEATH		INTERVAL	BETWEEN
	SE OR CONDITION DIE	RECTLY				ONSET A	ND DEATH
	LEADING TO DEATH					4	70
	TEADING TO DEATH		Pulmo	onary Hemorrhage		1 Hou	_
	ngl mean the made of		DUE TO	onary Hemorrhage	<b>,</b>	1 Hou	
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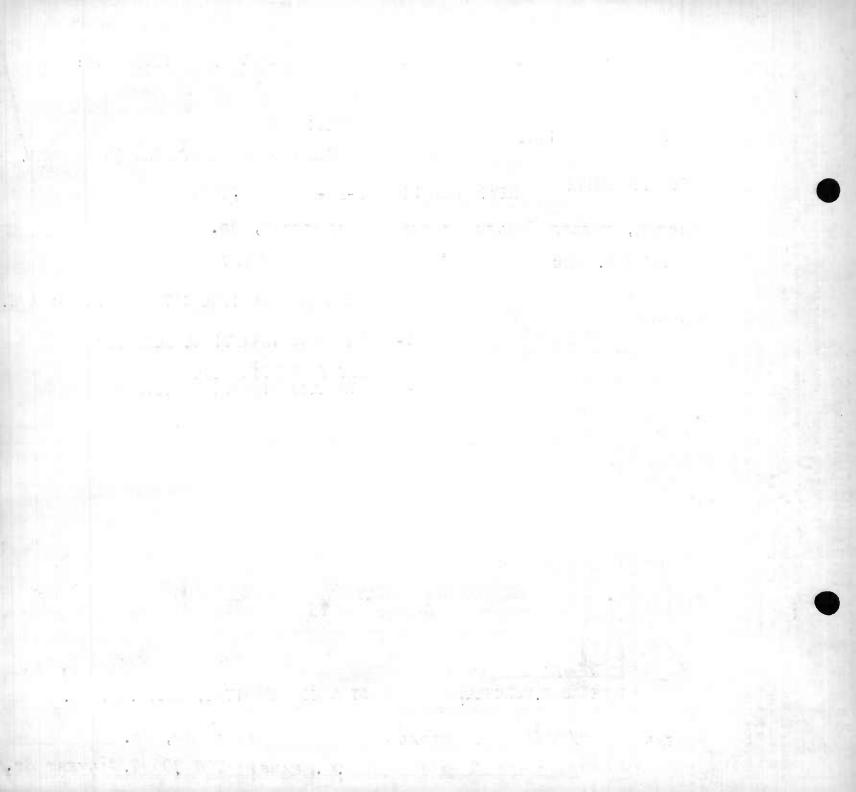




IMPORTAN

DIRECTOR:

FUNERAL



BIRTH NO.	MED	ICAL EX	(AMINER'S CI	ERTIFICATE OF	DEATH Registe	red Na.
M.E. CASE NO.	CLACED					
Type or Print)					ND HOUR PRONOUNCE	
3. PLACE IN BAL	FRA. TIMORE, MARYLAND, W		ANKEN INCED DEAD		B-1-65  deceosed lived. If instiger. B. COU	15:05 P M. itution: residence before odmission)
HOSPITAL OR	ADDRESS OR LOCA	AL OR INSTITU	JTION, GIVE STREET	C. CITY OR TOWN (If outsi	de corporate limits, write	RURAL ond give township)
U	NION MEMORIAL	HOSPIT	AL - DOA	Baltimore D. STREET ADDRESS (# ruro	I, give location)	-10
				1009 E. 43rd S	Street	
5. SEX Male	6. RACE White		NEVER MARRIED DIVORCED(specify) arried	8, 28, 1894	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months, Doys Hours Min.
IOA. USUAL OCC	CUPATION (Give kind of work	k TOB. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	gn country)	12. CITIZEN OF
done during most of	working file, even if retired)	Auto		Baltimore, M	d.	WHAT COUNTRY?
13. FATHER'S NA				14. MOTHER'S MAIDEN NAM		
	George#			Kirsh	ner	
	ED EVER IN U.S. ARMED		16. SO CIAL	17. INFORMANT		ADDRESS
(Tes, no or unknow	n) (If yes, give wor or dote No	es of servicel	212,03,1531 I	enry Wanken, 10	009 E.43rd. S	St., Baltimore, Md.
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NAME (	. , ,		KERT, M.D.			
REMOVAL (Special Buria	(y)		c. NAME of CEMETERY of ovens Presbyte		timore, Md.	town, or county) (State)
24A. DATE REC'D	BY HEALTH DEPT.	24B, NAME	OF REGISTRAR	24C. FUNERAL DIRECTO	R	ADDRESS
AUG 5		62.30	Devent.	Wm.Cook-Bro	oksTowson	O York Rd. 4
VS 151-REV. 1/1.	/65	1 9	5 5 0	17602	*	

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BALTIMORE CITY HEALTH DEPARTMENT

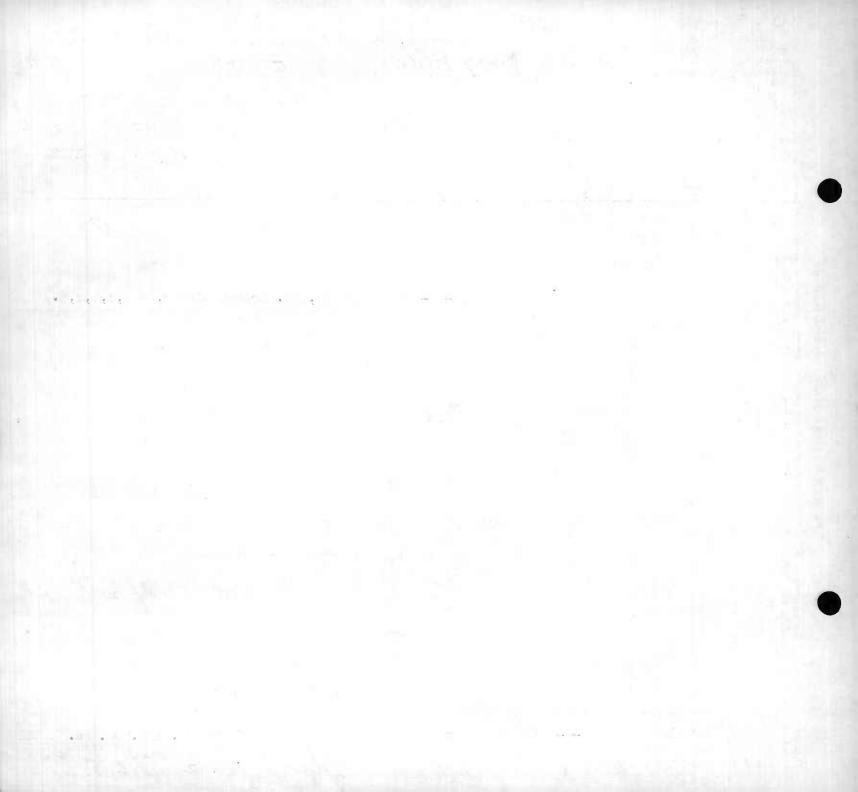
BIRTH NO. MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

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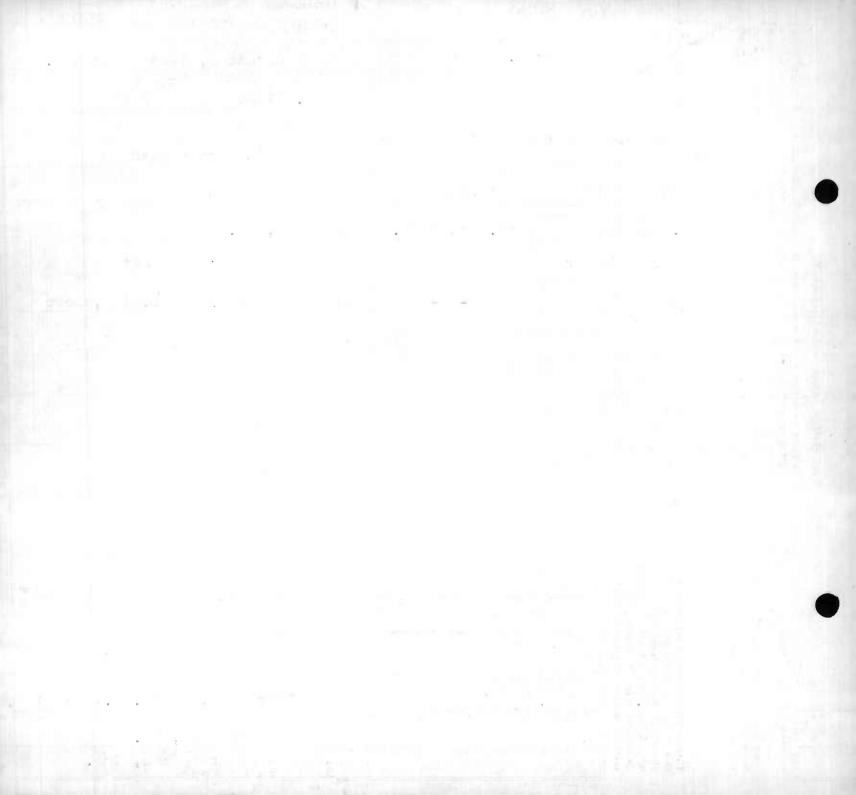
M.E. CASE NO.									
1. NAME OF DECEASED						ND HOUR PRONOUNC	ED DEAD		
	MARK		TIPTON			y 31, 1965		10:30	A M.
3. PLACE IN BALTIMORE,	MARYLAND, W	HERE PRONOU	NCED DEAD	4. USUAL RESIDE	NCE (When	e deceosed lived. If inst B. COU	itution: resid	dence before od	mission)
FULL NAME OF (IF N	OT IN HOSPIT	AL OR INSTITU	TION, GIVE STREET		ryland				
HOSPITAL OR ADD	DRESS OR LOCA	ATION)		C. CITY OR TOW	N (If outsi	de corporate limits, write	RURAL or	nd give townshi	p)
Salar Davids					1timo	lud'	(1)		
Johns Hop	kins Hos	spital		D. STREET ADDR					
				11		Baltimore St			
5. SEX 6. RACE			NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRTH	1	9. AGE (In years lost birthday)		1 Yr. If Under Doys   Hours	
	asian			July 31, 1		1	6		
IOA, USUAL OCCUPATION Sone during most of working life		k 108. KIND OF	BUSINESS OR INDUSTR	Y 11. BIRTHPLACE	tote or fore	ign country)	12. CITIZE	N OF T COUNTRY?	
Total docting most or nothing in	,	COLUMN TO SERVICE STATE OF THE PARTY OF THE		Maryland					
3. FATHER'S NAME				14. MOTHER'S MA	IDEN NAM	ΛĒ			
Larry T	ipton			Cleo	Lucir	nda Menge			
5. WAS DECEASED EVER Yes, no or unknown) (If yes,			16. SO CIAL SECURITY NO.	17. INFORMANT			ADDRESS		
res, no or unknown, in yes,	give wor or gold	ss of service	32.COKI11 110,	Larry Tip	ton	2210 E. Bal	timor	e St.	
18.	1 -		CAUS	E OF DEATH				INTERVAL BET	
DISEASES OR CON RISE TO THE ABOVE UNDERLYING CON OTHER SIGNIFICANT	II CONDITIONS BUT NOT RE	CONTRIBUTING	(C)	estion of F	'urnit	ure Polish.			
DISEASE OR COND		IDITION FOR V	VHICH OPERATION	20A. AUTOPSY?		208. IF YES, WERE FIN			
21A, EXTERNAL CAUSI UNDERLYING TOR COI UTING CAUSE OF D 21D TIME (Month) OF INJURY (APPROX.) 7	NTRIB- EATH.	r) (Hour) 2	Home  E. INJURY OCCURRED  WHILE AT NOT	in or obout 21C, W office bldg., INJURY 22 21F. HO	HERE DID OCCUR? 210 E. W DID INJ	Off in Boltimore City, git Baltimore Store Store Court occur?	treet		3
22. I certify that	I held on I				that on th	his bosis, deoth in m	ny opinior	1	
resulted from	n: Notural co	uses A	colden X Suicio	le Hamicid	e 🗌	Undetermined monne	er 🗌		
	01	/		CHIEF ME	DICAL E	XAMINER _		DATE SICI	HED
ACTUAL SIGNATURE	(06	acles 4	Veste M.C	ASSISTANT ME	DICAL E	XAMINER X		DATE SIGI	ILU
EXAMINER'S NAME (Type)			ty, W.D.	ASSOCIATE ME				8/1/65	
23A. BURIAL CREMATION, REMOVAL (Specify)	238. DATE	230	NAME OF CEMETERY	or CREMATORY	23 D.	LOCATION (City,	town, or c	county) (S	tote)
Burial	Aug. 3	,1965 C	edar Hill Ce	netery 24C. FUNERA	Bal	timore, Mary	land	DDRESS	
			_						
AUG 5 198	5 00	A 2 F	Deu H.A.	Raymon	l L. K	aczorowski	2525 I	Fleet St	•

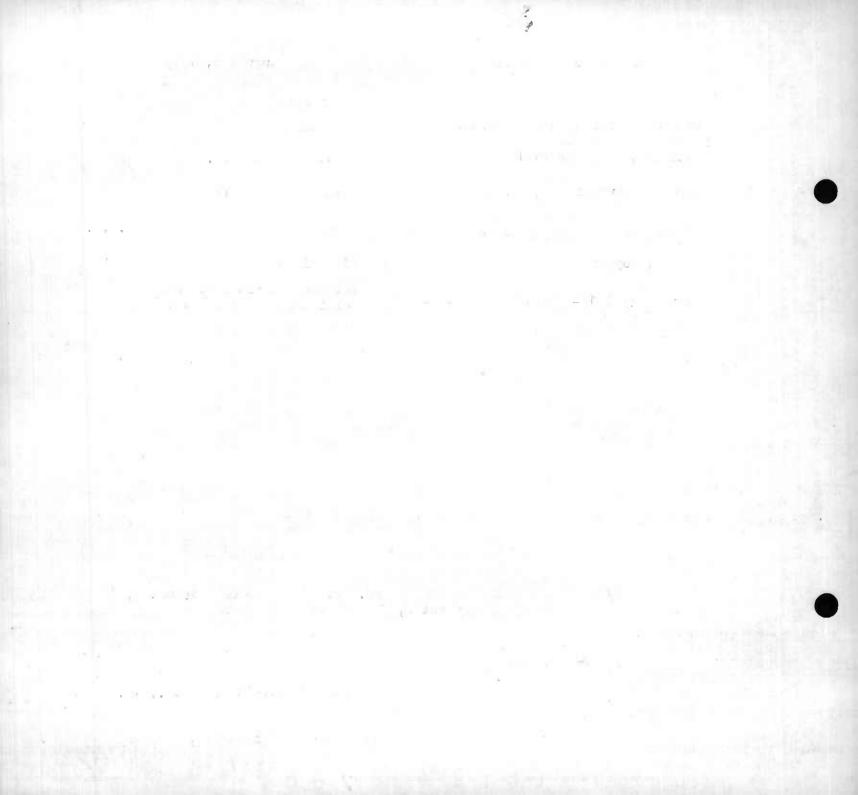
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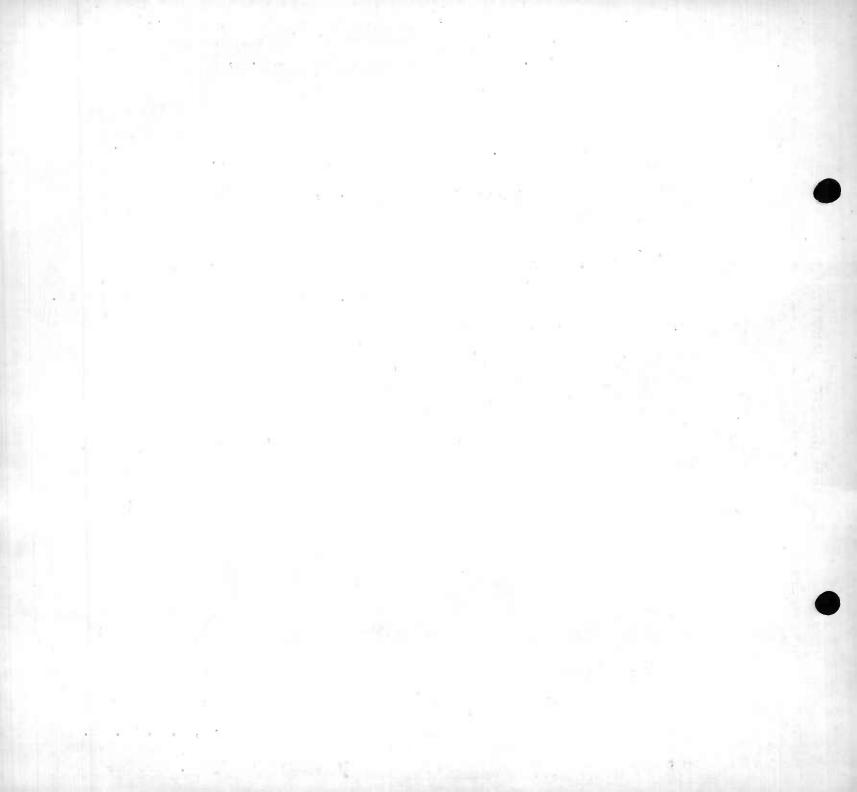


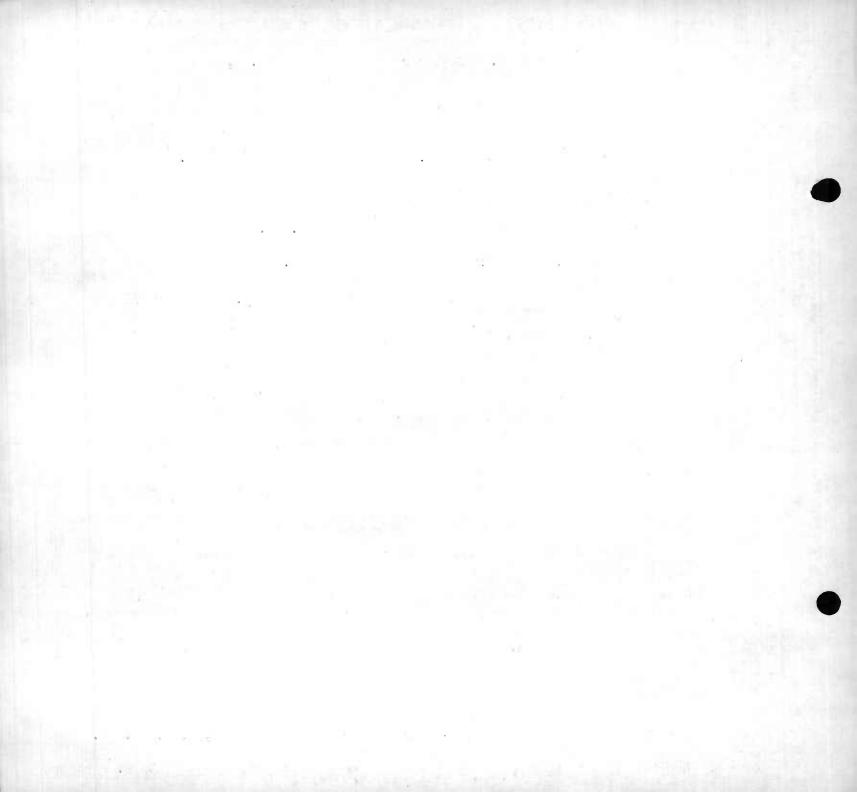




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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	2
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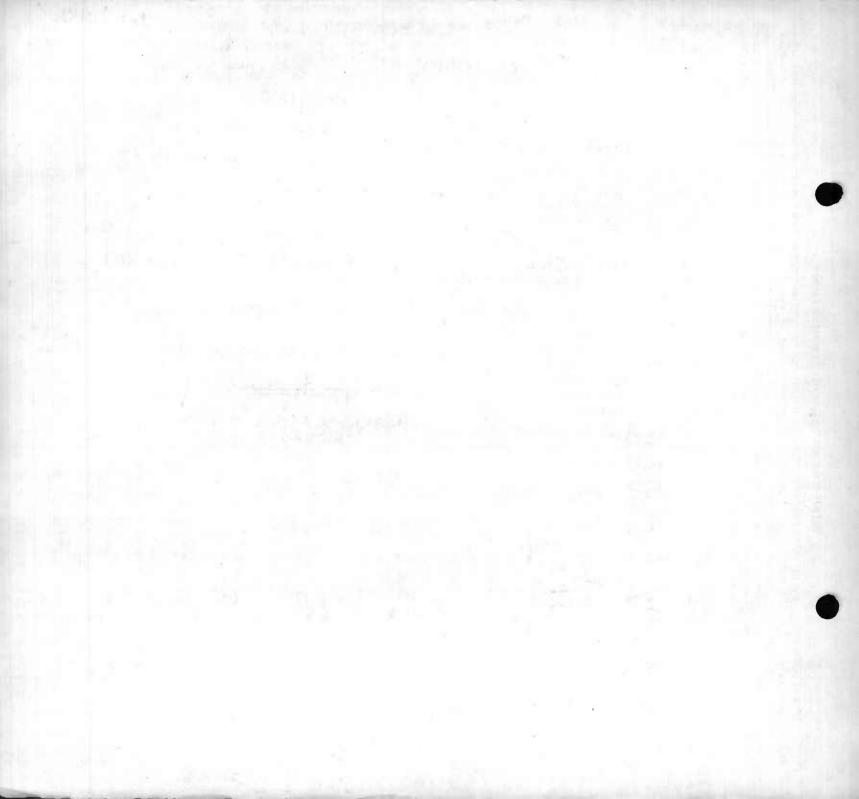
Ilvn	e or Print)			2, DATE AP		
			C. Brannan	Aug	. 2, 1965	3', 30A
F	FULL NAME OF DEA	F (If not in hospital oddress or location	or institution, give street	A. STATE 8. COUNTY OF TOWN (17 out Baltimore	7	RURAL and give township)
		1436 Pataps	co St.	1436 Patapso		
5. S	EX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (speci	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Months Doys Hours M
F	emale	White	Separated	Nov. 7, 1892	72	
	during most of	working life, even if retired)	108. KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
	Housew.		At Home	Virginia		USA
13. [	FATHER'S NAM	A E		14. MOTHER'S MAIDEN NA	ME	
	J	David V. Alle	n	Cor	delia Wolfo	ord
15. V (Yes	Was Deceased s, no or unknown	Ever in U. S. Armed For	ces? 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No			Mrs. Elaine Luc	cas 14:	36 Patapsco St.
	18. 11. 2)	0.01	CAU	SE OF DEATH		INTERVAL BETWEEN
		at mean the made al	dying, e.g., DUE T	0	7	
	injury or cam	asthenia, etc. 11 means plicalian which caused ANTECEDENT CAUSES	the disease, death.) (8) DUE To	Carbin Down	And On	
	DISEASES C	plication which caused ANTECEDENT CAUSES OR CONDITIONS, if above cause (A) CONDITION last.	any, giving	atris schoti		
CATION	DISEASES OF THE STATE OF THE DISEASE OF THE DISEASE OF	plication which caused ANTECEDENT CAUSES  OR CONDITIONS, if a above cause (A) CONDITION last.  II  FICANT CONDITIONS CEATH BUT NOT RELACED CAUSING (CONDITION CAUSING	any, giving stating the (C)		(4) so 1 so	
AT	DISEASES OF THE STATE OF THE DISEASE OF THE DISEASE OF	plication which caused ANTECEDENT CAUSES  OR CONDITIONS, if a above cause (A) CONDITION last.  II  FICANT CONDITIONS CEATH BUT NOT RELACED CAUSING (CONDITION CAUSING	any, giving stating the (C)  CONTRIBUTING STED TO THE IT.  IDITION FOR WHICH OPERATION		o) 208. IF YES, WERE	
L CERTIFICATI	DISEASES COMES IN THE STATE OF THE DISEASE OR THE DISEASE OR THE DISEASE OR THE DISEASE OR CONTRIBUTED TO THE DISEASE OR CONTR	plication which caused ANTECEDENT CAUSES OR CONDITIONS, if above cause (A) CONDITION last.	ONTRIBUTING ATED TO THE T. DITION FOR WHICH OPERATION FORMED  21B. PLACE OF INJURY		0) 208. IF YES, WERE	FINDINGS CONSIDERED
DICAL CERTIFICATI	DISEASES COMES IN THE STATE OF THE DISEASE OR THE DISEASE OR THE DISEASE OR THE DISEASE OR CONTRIBUTED TO THE DISEASE OR CONTR	ANTECEDENT CAUSES  OR CONDITIONS, if a abave cause (A) CONDITION last.  FICANT CONDITIONS CEATH BUT NOT RELACONDITION CAUSING  OPERATION 198. CONWAS PER  OT WAS UNDERLYING CAUSE OF	ONTRIBUTING STATE TO THE STATE OF INJURY Home, form, foctory, street.  (Hour) 21E. INJURY OCCURRE!	(e.g., in or obout of injury occur?  D 21F. How DID INJ	0) 208. IF YES, WERE IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
MEDICAL CERTIFICATI	DISEASES OF THE BOTHER SIGNITO THE DOTHER SIGNITO THE DOTHER DOTHER SIGNITO THE DOTHER SIGNITO THE DOTHER SIGNITO THE DOTHER SIGNITOR CONTRIBLE DEATH (notify 21D. TIME OF INJURY (APPROX.)	ANTECEDENT CAUSES OR CONDITIONS, if or abave cause (A) or CONDITION last.  FICANT CONDITIONS CONDITIONS CONDITION CAUSING OPERATION 198. CON WAS PER OT WAS UNDERLYING THE CAUSE OF medical examiner)	ONTRIBUTING STORMED TO THE  T.  DITION FOR WHICH OPERATION FORMED  218. PLACE OF INJURY home, form, foctory, street.  (Hour) 21E. INJURY OCCURREI While A1 No	(e.g., in or obout of the property of the prop	(II in Boltimo	FINDINGS CONSIDERED AUSES OF DEATH?
MEDICAL CERTIFICATI	DISEASES OF THE DESCRIPTION OF THE DESCRIPTION OF THE DESCRIPTION OF THE DESCRIPTION OF THE DEATH (notify 21D. TIME OF INJURY (APPROX.)  22. I certify	ANTECEDENT CAUSES OR CONDITIONS, if a abave cause (A) CONDITION last.  FICANT CONDITIONS CEATH BUT NOT RELA CONDITION CAUSING OPERATION 198. CON WAS PER OT WAS UNDERLYING THOSE CAUSE OF medical examiner)  (Month) (Day) (Year)	any, giving stating the (C)	(e.g., in or obout 21 C. WHERE DID bet, office bldg., INJURY OCCUR?  D 21F. HOW DID INJ	O) 208. IF YES, WERE IN CERTIFYING C.  (II in Baltima	FINDINGS CONSIDERED AUSES OF DEATH?  THE City, give exact location)
MEDICAL CERTIFICATI	DISEASES OF THE DESTRUCTION OF THE DEATH (notify CAPPROX.)  22. I certify that (I) (we)	ANTECEDENT CAUSES OR CONDITIONS, if a above cause (A) CONDITION last.  FICANT CONDITIONS OF EATH BUT NOT RELACONDITION CAUSING OPERATION 1988. CON WAS PER OT WAS UNDERLYING TIME CAUSE OF medical exominer)  (Month) (Day) (Year)  that (I) (this hospital	any, giving stating the (C)	(e.g., in or obout 21 C. WHERE DID not oblidg., INJURY OCCUR?  21F. HOW DID INJURY OWN DID INJURY ON DID INJURY OWN DID INJURY D	O) 208. IF YES, WERE IN CERTIFYING C.  (II in Baltima	FINDINGS CONSIDERED AUSES OF DEATH?  THE City, give exact location)
MEDICAL CERTIFICATI	DISEASES OF THE DESTRUCTION OF T	ANTECEDENT CAUSES OR CONDITIONS, if a abave cause (A) CONDITION last.  FICANT CONDITIONS CEATH BUT NOT RELACONDITION CAUSING OPERATION 198. CONWAS PER ON TWAS UNDERLYING CAUSE OF medical examiner)  (Month) (Day) (Year)  that (I) (this hospital last saw the decease of the causes started and the cause star	any, giving stating the (C)	(e.g., in or obout 21 C. WHERE DID bet, office bldg., INJURY OCCUR?  D 21F. HOW DID INJ	O) 208. IF YES, WERE IN CERTIFYING C.  (II in Baltima	FINDINGS CONSIDERED AUSES OF DEATH?  THE City, give exact location 1
MEDICAL CERTIFICATI	DISEASES OF THE DESTRUCTION OF THE DEATH (notify CAPPROX.)  22. I certify that (I) (we)	ANTECEDENT CAUSES OR CONDITIONS, if a abave cause (A) CONDITION last.  FICANT CONDITIONS CEATH BUT NOT RELACONDITION CAUSING OPERATION 198. CONWAS PER ON TWAS UNDERLYING CAUSE OF medical examiner)  (Month) (Day) (Year)  that (I) (this hospital last saw the decease of the causes started and the cause star	any, giving stating the (C)	(e.g., in or obout 21 C. WHERE DID INJURY OCCUR?  21 F. HOW DID INJURY Work  19 and the mat) view the bady after death.	O) 208. IF YES, WERE IN CERTIFYING C.  (II in Baltima	FINDINGS CONSIDERED AUSES OF DEATH?
MEDICAL CERTIFICATI	DISEASES OF THE DESTRUCTION OF T	ANTECEDENT CAUSES OR CONDITIONS, if a abave cause (A) CONDITION last.  FICANT CONDITIONS CEATH BUT NOT RELACEDENT CAUSING OPERATION 198. CONDITION CAUSING OPERATION 198. CONDITION (MAS PER OF MAS UNDERLYING (Month) (Day) (Year)  that (I) (this hospital last saw the decease of fram the causes stars.	any, giving stating the (C)	20A. AUTOPSY? (Yes or Noted)  (e.g., in or obout 21 C. WHERE DID let, office bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  Work  19 and the letter of th	O) 208. IF YES, WERE IN CERTIFYING C.  (II in Boltimo	FINDINGS CONSIDERED AUSES OF DEATH?  THE City, give exoct location  19  Initian death accurred an the
MEDICAL CERTIFICATI	DISEASES OF TISE IN THE PROPERTY OF THE DOTSEASE OR 19A. DATE OF OR CONTRIBLE DEATH (notify LAPPROX.)  21 Certify that (I) (196) and haur and 23A. SIGNATU	ANTECEDENT CAUSES OR CONDITIONS, if or above cause (A) or CONDITION last.  FICANT CONDITIONS OF EATH BUT NOT RELA CONDITION CAUSING OPERATION 198. CON WAS PER OT WAS UNDERLYING OTHER CAUSE OF medical examiner)  (Month) (Day) (Year)  that (I) (this hospital dast saw the decease of from the causes star  FE  FIGURE 198. CAUSE OF MATION, 1248. DATE	any, giving stating the (C)	(e.g., in or about 21 C. WHERE DID eet, affice bldg., INJURY OCCUR?  21F. HOW DID INJURY ON THE Work  19	O) 208. IF YES, WERE IN CERTIFYING C.  (II in Boltima  JURY OCCUR?  19ta  pat in(my) (aur) ap  Stall Phys	FINDINGS CONSIDERED AUSES OF DEATH?  THE City, give exact location 1
MEDICAL CERTIFICATI	DISEASES Crise In the UNDERLYING  OTHER SIGNITO THE D DISEASE OR 19A. DATE OF CONTRIBL DEATH (notify 121D. TIME OF INJURY (APPROX.)  22. I certify that (I) (196) and haur and 23A. SIGNATU	ANTECEDENT CAUSES OR CONDITIONS, if or above cause (A) or CONDITION last.  FICANT CONDITIONS OF EATH BUT NOT RELA CONDITION CAUSING OPERATION 198. CON WAS PER OT WAS UNDERLYING OTHER CAUSE OF medical examiner)  (Month) (Day) (Year)  that (I) (this hospital dast saw the decease of from the causes star  FE  FIGURE 198. CAUSE OF MATION, 1248. DATE	any, giving stating the (C)	20A. AUTOPSY? (Yes or Notes)  (e.g., in or about 21 C. WHERE DID to the office bidg., INJURY OCCUR?  21F. HOW DID INJURY OWNER.  19 and the nat) view the bady after death.  Attending And Med. Director Director Director CREMATORY 24D. L	O) 208. IF YES, WERE IN CERTIFYING C.  (II in Boltima  BURY OCCUR?  19ta  pat in(my) (aur) ap  Stall Phys	FINDINGS CONSIDERED AUSES OF DEATH?  THE City, give exoct location)  19  19  23B. DATP SIGNED  23B. DATP SIGNED  City, town, or county)  (St.

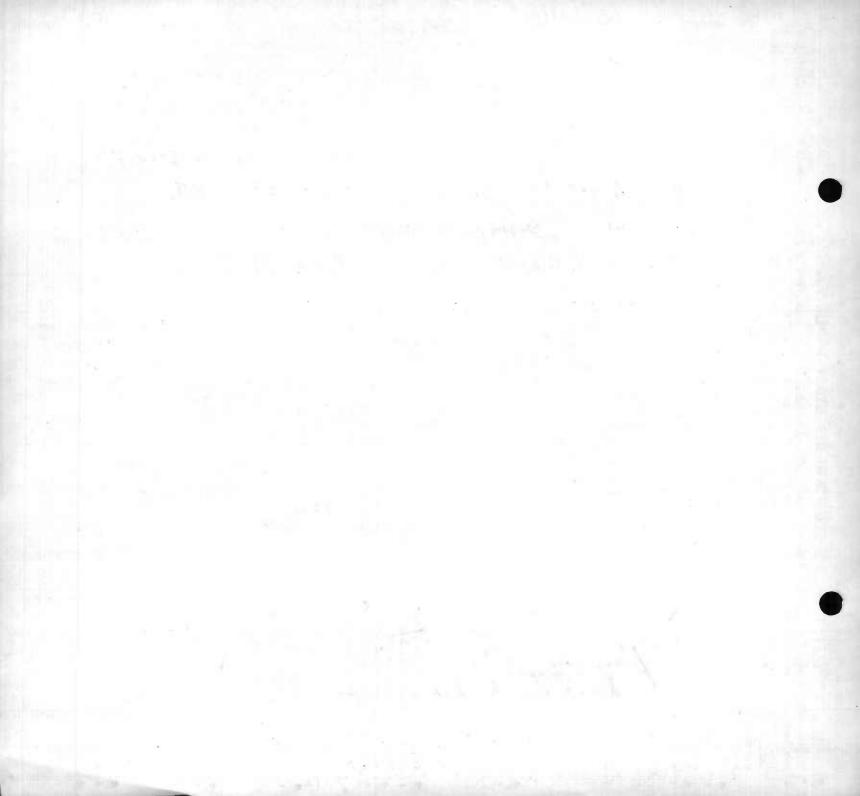




.1 _	65 8098 BALTIMORE CITY HEALTH DEPARTMENT 65 8098
11 - 11	MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.
M-3-20	1. NAME OF DECEASED  (Type of Print)  2. DATE AND HOUR PRONOUNCED DEAD
	JAMES MCGOWAN 8/3/65 9:05 a.
(	13. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission)  A. STATE  B. COUNTY
	HOSPITAL OR ADDRESS OR LOCATION)  C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
2/	Balto 13-03
00	1.200 Stockton St.
	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In yeors   11 Under 1 Yr.   11 Under 24 Hrs.
	WIDOWED, DIVORCED (specify)   lost birthdoy)   Months, Doys, Hours, Min.
	male COLOTED  10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTAPLACE (State of foreign country)  12. CITIZEN OF WHAT COUNTRY?
	Ind
	13. FATHER'S NAME
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS
	(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.
	18. CAUSE OF DEATH INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY Pulmonary Tuberculosis
	(This does not meen the mode of dying, e.g.,
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
	ANTECENDENT CAUSES
	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE
	UNDERLYING CONDITION LAST.
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE Fatty Liver
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  Fatty liver
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED
	WAS PERFORMED yes IN CERTIFYING CAUSES OF DEATH?
KG: DEFE	21A. EXTERNAL CAUSE WAS 21A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (if in Boltimore City, give exact location) bloome, farm, factory, street, affice bldg., INJURY OCCUR? etc.i*
	UTING CAUSE OF DEATH.    D   D   TIME (Month) (Doy) (Year) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?
	OF INJURY (APPROX.) WHILE AT NOT WHILE
	22. I certify that I held an Inquiry Inspection Autopsy X and that an this bosis, death in my apinion
	I certify that I held an Inquiry Inspection Autopsy X and that an this bosis, deoth in my apinion resulted fram: Natural causes X Accident Suicide Homicide Undetermined manner
	CHIEF MEDICAL EXAMINER
	SIGNATURE WORLD SIGNED  ACTUAL  SIGNATURE  M.D. ASSISTANT MEDICAL EXAMINER  2 12/16
	EXAMINER'S ASSOCIATE MEDICAL EXAMINER 8/3/05
	NAME (Type) Werner U. Spitz, M.D.  23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY or CREMATORY 23D. LOCATION (City, town, or county) (Stote)
	REMOVAL (Specify)  1. Dans P. Sc/6/45 Balt Natit Balt
	24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR 24C. FUNERAL DIRECTOR ADDRESS
	AUG 5 1965 P. D. A & Frid. 30 0 0 7 75 is 1851 Kelson 1348 N. Callin
	VS 151-REV. 1/1/65

BIRTH NO.	65	X1133		E OF DEATH	Registered Na.	265-878048
3. PLACE	OF DECEASED  OF DEATH IN BALTIMORE, A	K ROSEMA	iry	2, DATE	AND HOUR OF DEATH  QUST 3 MG	, A <sup>tom</sup>
D FULL N INSTITU	JTION UNIVERS	tel or institution, give stre vision) ITY HOSPIT LE I MARYIA	AL	C. CITY OR TOWN (IF BALT)	outside city limits, write	RURAL and give township)
5. SEX FEMA	ALE. White.	7. MARRIED, NEVER WIDOWED, DIVO	RCED (specify)	DATE OF BIRTH	9. AGE (In years lost birthday)	(f Under 1 Yr. If Under 24 Months Doys Hours Mi
done during	AL OCCUPATION (Give kind of w g most of working life, even if retire SUSS WIFE			MARYLAN  MARYLAN  MOTHER'S MAIDEN	00	12. CITIZEN OF WHAT COUNTRY?
	ES JANKOWS	Ki.		FRANCES	-	tnsk1
	Deceased Ever in U. S. Armed unknown (If yes, give wor or d	Forces? lotes of service)	CURITY NO.	JAMES !	SLEBZAI	ADDRESS
DISEA injury	DISEASE OR CONDITION LEADING TO DEAT does not mean the mode failure, asthenio, etc. It meo or complication which cous ANTECEDENT CAUS ASES OR CONDITIONS, i to the obave cause (A ERLYING CONDITION lost.  ER SIGNIFICANT CONDITIONS THE DEATH BUT NOT RI ASE OR CONDITION CAUSINI	of dying, e.g., ons the disease, ed death.)  SES  f any, giving A) stating the  CONTRIBUTING ELATED TO THE	(B) CO	Hypertens 210-Scherot ARTERY	infarction ten . ic Cordnar Disease.	
19 A. D 21 A. A OR CO	ACCIDENT WAS UNDERLYING ONTRIBUTING CAUSE OF	21 B. PLACE home, form,	OF INJURY(e.g., in	20A. AUTOPSY? (Yes or	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?  e City, give exact location)
21D. Ti OF IN. (APPRO 22. I o	TIME (Month) (Day) (Yes	While At Work tal) attended the dece	ugust 3	July 17		graf 3 196
23A. <b>SI</b>	TRED R. EL HYSICIAN'S NAME (Type)	lber.	M.D. Attend		Staff Phys.	238. DATE SIGNED 8 3 65
23C.PP	Fred R. Eilb  AL CREMATION, 24R DATE  OVAL (Specily)  8-6		CEMETERY OF CREM	ATORY 24D	0	ity, town, or county) (Sto





00 0101 BALTIMOKE CITT HEA	65 81111
BIRTH NO. MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH Registered Na.
M.E. CASE NO.	
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR PRONOUNCED DEAD
VELMA O. HARRIS	8/3/65 2:25 a.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission.
	A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
INSTITUTION	191
	D. STREET ADDRESS (If rurol, give locotion)
Franklin Square Hospital	S. STREET ADDRESS (II 1010), GIVE 10CONOTI)
5. SEX   6. RACE   7. MARRIED, NEVER MARRIED	18. DATE OF BIRTH 19. AGE (In years I If Under 1 Yr. If Under 24 Hrs
WIDOWED, DIVORCED (spegify)	8. DATE OF BIRTH  9. AGE (In years   If Under 1 Yr, If Under 24 Hrs   Indeed to the second of the se
female colored Mainted (Sep)	UU/V 28,1906 39
IDA, USUAL OCCUPATION (Give kind of work TOB. KIND OF BUSINESS OR INDUSTR	RY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
lone during/most of working life, men if retired)	Nortelk Va
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
FOUNTAR SEDERA	1:11: zul Manino
5. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL	17. INFORMANT ADDRESS
Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	1011. 11/1/ 2000 11/1 T 1/1
10-2525	Killan Wells 2871 Witatavelten
18. A CAUS	E OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
LEADING TO DEATH (MASSIV	re pulmonary embolism
heart failure, asthenia, etc. It means the disease,	
injury or complication which coused death.)	
ANTECENDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
Z (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? IYes or No. 20 B. IF YES, WERE FINDINGS CONSIDERED
	yes IN CERTIFYING CAUSES OF DEATH?
✓ 21 A. EXTERNAL CAUSE WAS  O UNDERLYING □ OR CONTRIB-  21 B. PLACE OF INJURY (e.g., home, form, foctory, street,	in or about 21C. WHERE DID (If in Boltimore City, give exact location)
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	omeo siage, myoki occok:
21D TIME (Month) (Doy) (Yeor) (Hour) 21E INJURY OCCURRED	21F, HOW DID INJURY OCCUR?
OF INJURY	WHILE
m. WORK AT V	WORK L
22. I certify that I held an Inquiry Inspection Au	and that an this basis, death in my aplnian
resulted fram: Natural causes X Accident Suicio	
Accident Solicit	
ACTUAL 110 Persone 11 9 T	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE MEDITAL M.C	S. ASSISTANT MEDICAL EXAMINER X
EXAMINER'S	associate medical examiner 8/3/65
NAME (Type) Werner U. Spitz, M.D.	
REMOVAL (Specify) 238. DATE 23C. NAME OF CEMETERY	or CREMATORY 23D. LOCATION (City, town, or county) (Stote)
Burial Aug. 7. 1865 MT. AUDILA	NIAM. Balto. 116.
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	240 FUNERAL DIRECTOR ADDRESS 210 97
AUG 5 1965 P. O. B. E. Farley M.	William Land V
HUU 9 1300 Obberto E. Jankey	Williams Juneral Some Schnady Is
VS 151-REV. 1/1/65	

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and ased the the	A.E. CASE NO. NAME OF DECEASED	CATE OF DEATH Registered No.	
of the off	PLACE OF DEATH IN BALTIMORE MARYLAND	IA. STATE B. COUNTY	
a hosicause se; (5) andanc to dec	FULL NAME OF (If not in hospital or institution, grvo street HOSPITAL OR oddress or location) INSTITUTION	C. CITY OR TOWN (If outside city limits, write	RURAL ond give township)
d in cau	UNIVERSITY HOSPITAL	D. STREET ADDRESS (It rurol, give location)  3215 TYN DALE AU	2/-
ntribu rmine egula ssed	MALE White 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)  MARLIED	B. DATE OF BIRTH  9. AGE (In yeors lost birthdoy)  7/	If Under 1 Yr. If Under 24 Months Doys Hours M
	DA. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUS  One during most of working life, even if retired)  RetiReD -		12. CITIZEN OF WHAT COUNTRY?
was was the construction of the construction o	3. FATHERS NAME	MARYLAND  14. MOTHER'S MAIDEN NAME	U·S,A.
4 5 5 15 TE	FREDERICK Damm  5. Was Deceased Ever in U. S. Armed Forces?  os.no or unknown)  III yes. give wor or dates of service   SECURITY NO.	MATILDA REESE	ADDRESS
the the dea dea nice of final	no 2/5-07-6061	WIFE MARIE C. DA	mm - 5/A
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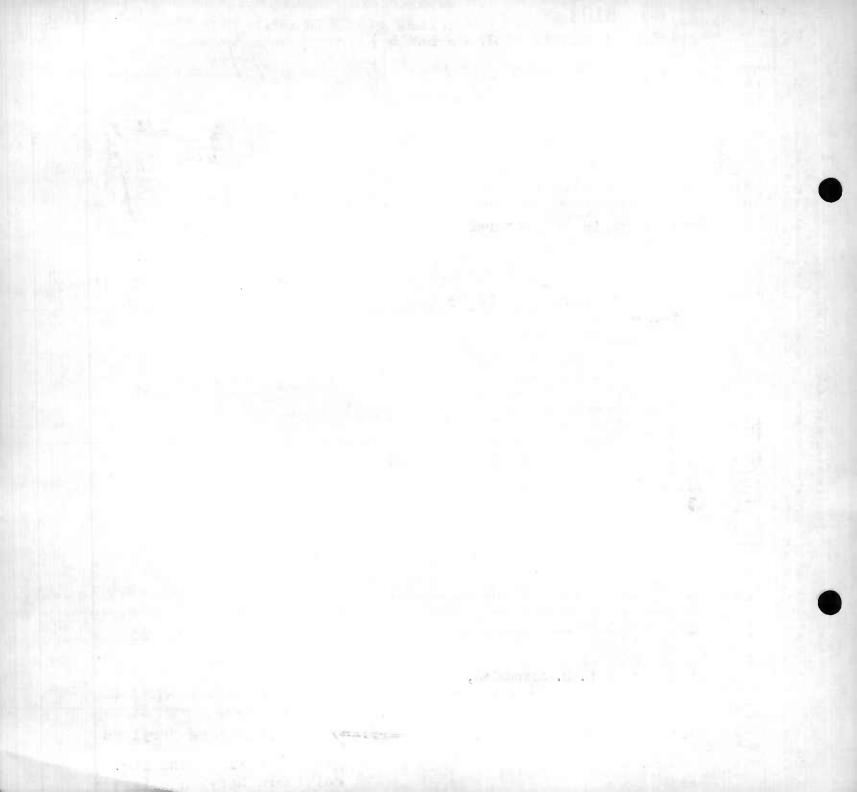
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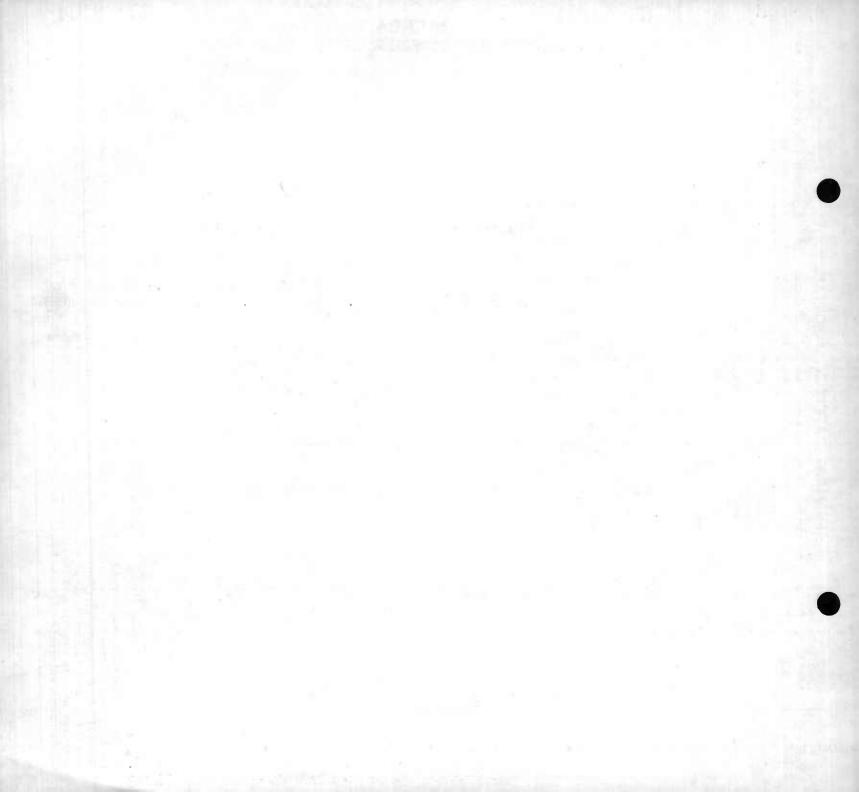
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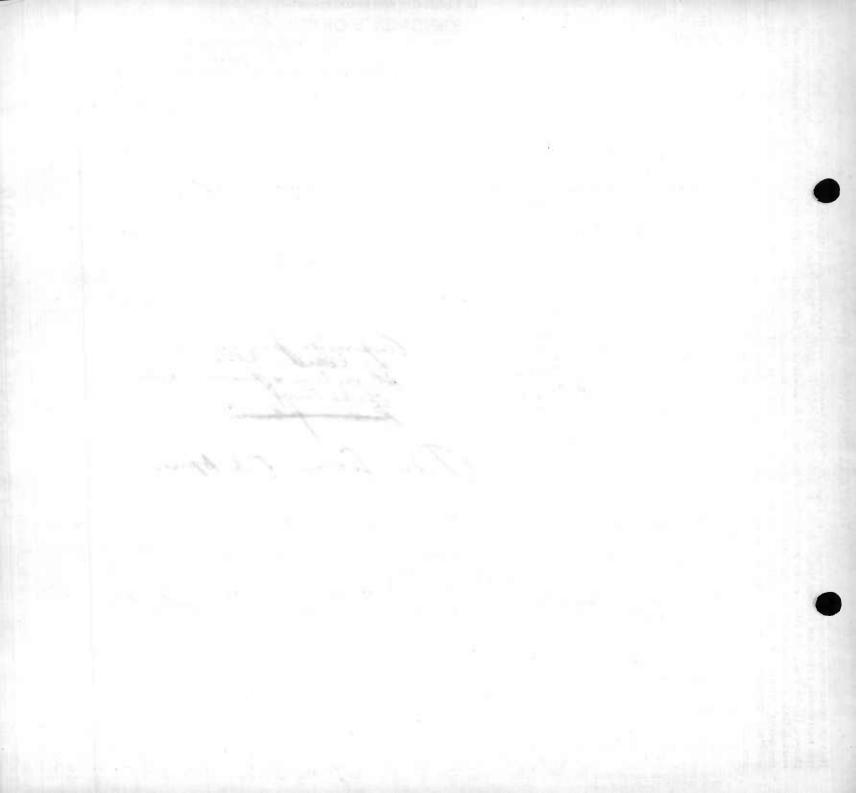
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• F	ATHERS NAME	7		14. MOTHER'S MAIDEN NAME		
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	OTHER SIGNIFICANT	ITION last.  II  CONDITIONS CONTROL NOT RELATION CAUSING IT	ONTRIBUTING Julm		B. IF YES, WERE FINDING CAUSES	NGS CONSIDERED OF DEATH?
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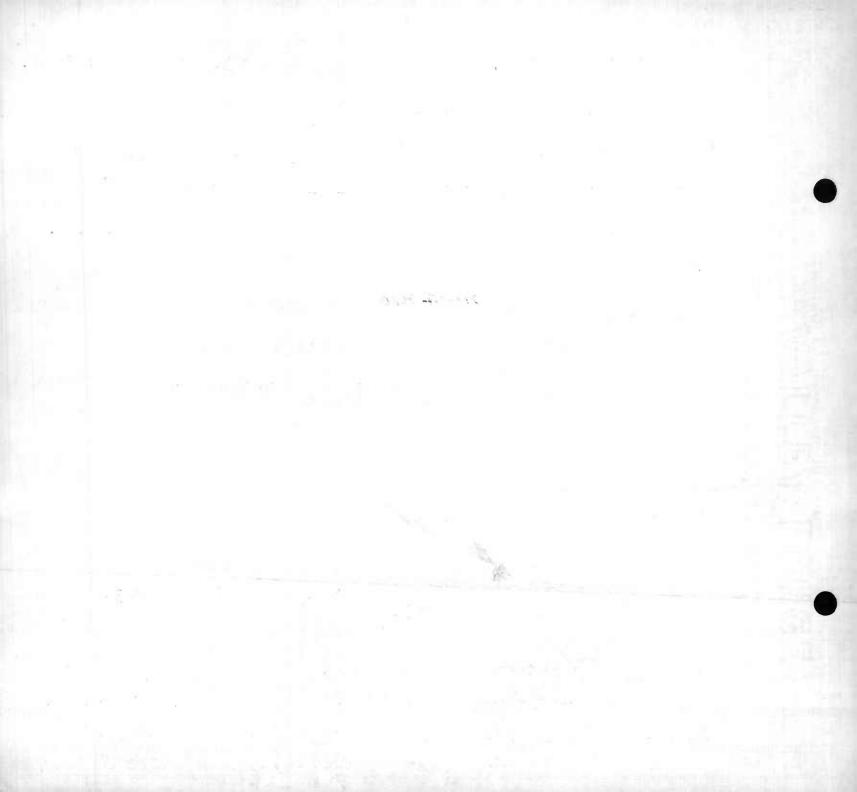
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	or Print)	CA RO	TIME C	UMMINS					2/65	8:45	p
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HOS	PITAL OR TUTION	ADDRESS OR LO	CATION)	TUTION, GIVE STRE	C	. CITY OR TO	WN (If outsi	de corporote limits, w	vite RURAL	ond give to	wnship)
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	OVAL (Specify Burial									_	
FEM	Burial	8/7/8	55	Sacred H	eart	or sea	us Di	altimore	Co. Mc	1.	
		BY HEALTH DEPT.	24B, NAMI	Sacred Horizontal Fauley M.		24C. FUNER	AL DIRECTO			ADDRESS	

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D 62 55 8108	BALTIMORE CITY HEALTH DE		65 8108
M.E. CASE NO.	CERTIFICATE OF	DEATH Registered No.	
1. NAME OF DECEASED (Type or Print)		2. DATE AND HOUR OF DEATH	
William Durkin 3. PLACE OF DEATH IN BALTIMORE, MARYLAND		August 3, 1965	7:45 A .M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	A. STATE	August 3, 1965	nstitution: residence before admission)
FULL NAME OF (If not in hospital or institution, grand HOSPITAL OR oddress or location)	ve street Mary	Tland TOWN (If outside city limits, write	26500
INSTITUTION Baltimore City He	ospitals		KUKAL ond give township)
4940 Eastern Aver	nue D. STREET A	ADDRESS (If rurol, give locotion)	
Baltimore, Maryla	and 21224 3501	L E. Baltimore St	reet 21224
5. SEX 6. RACE 7. MARRIED,	NEVER MARRIED DIVORCED (specify)  B. DATE OF		If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
Male White Mari	ried 7-28	B <b>-1</b> 909 56	Win.
10A, USUAL OCCUPATION (Give kind of work 108, KIND OF done during most of working life, even if retired)	BUSINESS OR INDUSTRY 11. BIRTHPLA	A CE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Williaghtellerh Pan.	D+ Mann	ha of	U. S. A.
13. FATHER'S NAME	14. MOTHER	yland RS MAIDEN NAME	0. D. A.
		*¿jimolorib	
John 15. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL 17. INFORMA	AMY	ADDRESS
(Yes, no or unknown) (III yes, give wor or dates al service)	SECURITY NO.	ANI	ADDRESS
No -	213-07-9620 RECO	ORDS: BCH 4940 E	astern Avenue
18.330 X I	CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY			
LEADING TO DEATH (This does not mean the made of dying, e.g.,	Subarachno	oid Hemorrhage	1 Day
hearl failure, asthenia, etc. It means the disease.	00110		
injury ar camplication which caused death.)	Arterioscl	lerotic Vascular	
ANTECEDENT CAUSES	Diseas	lerotic Vascular se	
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the	(C)		
UNDERLYING CONDITION last.			
- III			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			a production of the second
DISEASE OF CONDITION CAUSING IT.		TORGUS (V ht 1/ 005	
198. CONDITION FOR WWAS PERFORMED	HICH OPERATION 20 A. AUTO	TOPSY? (Yes or No.) 208, IF YES, WERE IN CERTIFYING CA	
None 21A. ACCIDENT WAS UNDERLYING 21B. 1 OR CONTRIBUTING CAUSE OF home	PLACE OF INITIBY (a.g. in or observiole	C. WHERE DID (If in Boltimor	Se City, give exoct locotion)
OR CONTRIBUTING CAUSE OF home etc.)	PLACE OF tNJURY (e.g., in or about 21C t, lorm, loctory, street, alfice bldg., INJ	JURY OCCUR?	with the ever incount
S OF INJURY		F. HOW DID INJURY OCCUR?	
Work	At Work		
22. I certify that (I) (this hospital) attended the	e deceosed from August 2	2. 19 65 to Aug	ust 3, 19 65
that (1) (we) lost sow the deceosed alive on		5 and that in(my) (our) opi	
and hour and from the couses stated above. (1)			
23A. SIGNATURE	The body	2, 2	23 B. DATE SIGNED
/H/mill	M.D. Attending	Med. Stoll Phys. X	August 3, 1965
23C.PHYSICIAN'S	Phys		August 3, 1707
NAME (Type)			
Howard Rathbun  24A. BURIAL CREMATION, 24B. DATE  24C. NAI  REMOVAL (Specile)	M.D. 4940 I		altimore, Md. 2122
24A. BURIAL CREMATION, 24B. DATE 24C. NAI	ME of CEMETERY OF CREMATORY	24D. LOCATION (C	ity, town, or county) (Stote)
Burial 8/6/65 1901	eland Mem. Vai	IR Dalto.	Md.
25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF	F REGISTRAR 25C FUN	NERAL DIRECTOR	ADDRESS
AUG 5 1965 P. D. B. E.	Fallen Goe	eph B Zonneno &	263 S. Lon Klings4
		H 14 / A	



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INTERNO.	DICAL LAAMIIALK S	CERTIFICATE OF DEATH Magist	0.00
M.E. CASE NO.			
1. NAME OF DECEASED (Type or Print)		2. DATE AND HOUR PRONOUN	
	MARLENE SHIPLEY		0/65   12:54 a. M.
3. PLACE IN BALTIMORE, MARYLAND,	, WHERE PRONOUNCED DEAD		stitution: residence before odmission)
FULL NAME OF (IF NOT IN HOS HOSPITAL OR ADDRESS OR LO	SPITAL OR INSTITUTION, GIVE STREET OCATION)	C. CITY OR TOWN (If outside corporate limits, wri	ite RURAL and give township)
2		Baltimore D. STREET ADDRESS (If rurol, give location)	
2	South Baltimore Gen	eral 341 S. Ellwood Av.	e.
5. SEX   6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH  9. AGE (In yeors lost birthdoy)	
female white	WIDOWED, DIVORCED(specify)	Mar 14- 1946 lost birthdoy)	Months Doys Hours Min.
OA. USUAL OCCUPATION (Give kind of	MARRIE D	7////	L'a Civiani or
one during most of working life, even if retire	ad)	- 1 . 1	12. CITIZEN OF WHAT COUNTRY?
NONE	NONE	BALTIMORE MA	U.S.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Louis Com		IRENE Updagenft	
5. WAS DECEASED EVER IN U.S. ARA Yes, no or unknown), (If yes, give wor or		17. INFORMANT	ADDRESS
res, no or other work of	doles of services	TRENE Comi 341:	5. Ellwood
18.	CA	AUSE OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION	DIRECTLY		ONSET AND DEATH
LEADING TO DEA	ATH	niocerebral injury	
(This does not meon the mode heart failure, asthenia, etc. It me injury or complication which cous	eons the discose,		
ANTECENDENT CA	(D)		
DISEASES OR CONDITIONS, 1 RISE TO THE ABOVE CAUSE (A	IF ANY, GIVING DUE TO		
UNDERLYING CONDITION LA	ST.		
5	(0)		
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT DISEASE OR CONDITION CAUS			
DISEASE OR CONDITION CAUS			
19A. DATE OF OPERATION 198. C	CONDITION FOR WHICH OPERATION PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE IN CERTIFYING CAL	FINDINGS CONSIDERED USES OF DEATH?
21A. EXTERNAL CAUSE WAS	218, PLACE OF INJURY	(e.g., in or obout 21 C. WHERE DID (If in Boltimore City,	give exact location)
UNDERLYING TO CONTRIB-	home, form, foctory, stre	eet, office bldg., INJURY OCCUR?	
2	stree		y Ave.
21D TIME (Month) (Doy) ( OF INJURY	(Year) (Hour) 21E. INJURY OCCUR		
	65 11:00p WHILE AT .	NOT WHILE & struck by tractor-t	railor
22.			
I certify that I held an	Inquiry Inspection X	Autopsy ond that on this basis, death In	my opinion
resulted from: Notyrol	couses Accident X Su	uicide Undetermined mon	ner
1.18		CHIEF MEDICAL EXAMINER	DATE SIGNED
ACTUAL CONTRACTOR	no 11.4 - 7	M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED
SIGNATURE EXAMINER'S		ASSOCIATE MEDICAL EXAMINER	7/30/65
NAME (Type) Werner 3A, BURIAL CREMATION, 23B, DATE	r U. Spitz, M.D.	ERY of CREMATORY 23D. LOCATION . (Cit	ty, town, or county) - (State)
REMOVAL (Specify)	32 3 P 30 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		y, lown, or coomy) . (Slote)
BURIAL AUG	3,1965 GARdeNS	ON FAITH BAITO	md
4A. DATE REC'D BY HEALTH DEPT.	248 NAME OF REGISTRAR	24C. FUNERAL DIRECTOR	ADDRESS
AUG 5 1965 (	Report E. Farley MA	Joseph M. Zannino	363. S. Conklin
VS 151-REV. 1/1/65	1179 1 6 1	7 27 7	1 0

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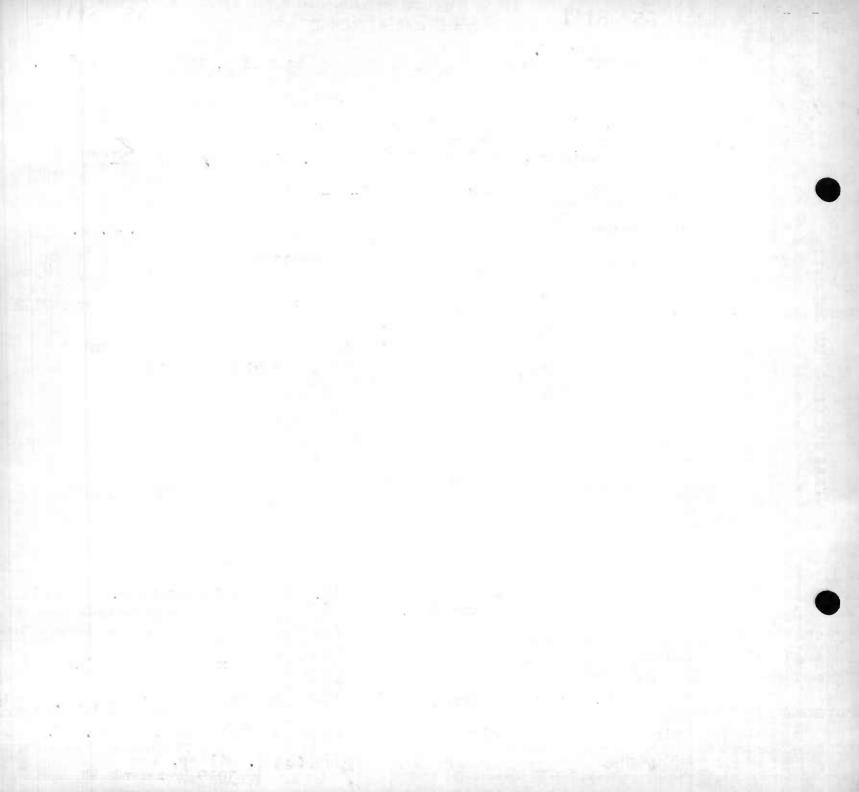
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Registered No. CERTIFICATE OF DEATH M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 3. PLACE OF DEATH IN BALTIMORE, USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) RURAL and give township) 21206 If Under 1 Yr. Months! Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? 5616 East AVe h INTERVAL BETWEEN ONSET AND DEATH 20A. AUTOPSY? (Yes or No) 20B. IF YES WERE FINDINGS CONSIDERED IN CERTIFING CAUSES OF DEATH? (If in Beltimore City, give exact location) 19 6 J and that in (my) (our) opinion death occurred an the date 23B. DATE SIGNED (City, town, or county) em. altinai 25A. DATE REC'D BY HEALTH DANT. 25B. NAME OF 25C. FUNERAL DIRECTOR VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

Shire English Since 448 /32/20 Margaretti Surve Released Toward Annual Control Control Frank Kulis Eva Chamara and 1.0

	pe or Print)	Harry F	amm			ND HOUR OF DEATH	
3.	PLACE OF DEA	Harry Schr	RYLAND		Augus 4. USUAL RESIDENCE (Wh A. STATE B. COU	ere deceased lived. If i	astitution; residence befor
	FULL NAME O	F (If not in hospital oddress or location	aı înstitution, n)	give street	Maryland c. city of town (If o	utside city limits, write	RURAL ond give townst
5	INSTITUTION	Baltimor	e City	r Hospitals	Baltimore		
		4940 Eas	tern A	lvenue	D. STREET ADDRESS	rurol, give location)	03.005
5. 5	SEX	6. RACE	7. MARRIED	yland 21224 , NEVER MARRIED	8. DATE OF BIRTH	9. AGE IIn years	It Under 1 Yr. It 1
	Male	White		D, DIVORCED (specify)	1-23-1903	lost birthdoy)	Months Doys Hou
102	USUAL OCCL	UPATION (Give kind of wor working life, even if retired)	10B. KIND O	ried F BUSINESS OR INDUSTRY	11. BERTHPLACE (State or for		12. CITIZEN OF WHAT COUNTR
_	Paperh				Maryland		U.S.A.
13.	FATHER'S NAM				14. MOTHER'S MAIDEN NA		
15.	Was Deceased	chramm  Ever in U. S. Armed Fo	ices?	1 6. SOCIAL	Moelle:	r.	ADDRESS
(Ye	s, no or unknown	(If yes, give wor or dot	es of service)	SECURITY NO.		T holes T	
-	No 18.	No		CAUSE O	RECORDS: BCI	1 4940 Eas	INTERVAL B
		SE OR CONDITION DI	RECTLY	Brai	n stem Cerebi	ral Vascul	ar onset and
		LEADING TO DEATH	distant and	(A) Acci			2 Month
	heoil foilule,	nal meon the mode of osthenia, etc. It means	the diseose	C DUE TO C	erebral Arter	rioscleros	is
		aplication which coused ANTECEDENT CAUSES		(8)		~~~~~	
		OR CONDITIONS, if		DUE TO			
		a abave cause IA) G CONDITION last.	stoling the	(C)	90 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
		11					
		FICANT CONDITIONS	CONTRIBUTIN	IG HE			
NOI	OTHER SIGNI	EATH BUT NOT REL					
CATION	TO THE DI	EATH BUT NOT REL	IT.	WHICH OPERATION	20A. AUTOPSY? (Yes or N	lo) 208, IF YES, WERE	FINDINGS CONSIDEREI
RTIFICATION	TO THE DI	EATH BUT NOT REL	IT.	WHICH OPERATION	20A. AUTOPSY? (Yes or N	10) 208, IF YES, WERE	FINDINGS CONSIDERED
CERTIFIC	TO THE DI DISEASE OR 19A. DATE OF	EATH BUT NOT REL CONDITION CAUSING OPERATION 198. COI WAS PER	IT. IDITION FOR FORMED	B. PLACE OF INJURY(e.g., i	Yes	IN CERTIFYING CA	
CAL CERTIFIC	TO THE DIDISEASE OR 19A. DATE OF 21A. ACCIDEN OR CONTRIBU DEATH (notify)	EATH BUT NOT REL CONDITION CAUSING OPERATION 198 CON	IT. IDITION FOR FORMED	B. PLACE OF INJURY (e.g., i	Yes	IN CERTIFYING CA	
CAL CERTIFIC	TO THE DIDISEASE OR  19A. DATE OF  21A. ACCIDEN OR CONTRIBU DEATH (notify)  21D. TIME OF INJURY	EATH BUT NOT REL CONDITION CAUSING OPERATION 198. COI WAS PER NT WAS UNDERLYING JTING CAUSE OF	IT.  IDITION FOR  FORMED  21  ho etc  (Hour) 21	B. PLACE OF INJURY (e.g., i me, form, foctory, street, o )	Yes n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?  21F. HOW DID IN	IN CERTIFYING CA	FINDINGS CONSIDERE AUSES OF DEATH?
AL CERTIFIC	TO THE DIDISEASE OR 19A. DATE OF OR CONTRIBU DEATH (notify 21D. TIME OF INJURY (APPROX.)	EATH BUT NOT REL CONDITION CAUSING OPERATION 198. COI WAS PER  NT WAS UNDERLYING THING CAUSE OF medicol exominer  (Month) (Doy) (Year)	IT. HOLTION FOR IFORMED  21 house etc WW	B. PLACE OF INJURY (e.g., in me, form, foctory, street, o)  E. INJURY OCCURRED hile At Not While ork At Work	Yes n or obout 21C. WHERE DID ffice bidg., INJURY OCCUR?  21F. HOW DID IN	IN CERTIFYING CA	re City, give exoct locofi
CAL CERTIFIC	TO THE DIDISEASE OR 19A. DATE OF 21A. ACCIDEN OR CONTRIBU DEATH (notify 21D. TIME OF INJURY (APPROX.)	EATH BUT NOT REL CONDITION CAUSING  OPERATION 198. COI WAS PEI  NT WAS UNDERLYING JTING CAUSE OF medicol exominer  (Month) (Doy) (Year)	IT.  IDITION FOR  FORMED  21 house etc  (Hour) 21 W W	B. PLACE OF INJURY (e.g., i me, form, foctory, street, o)  E. INJURY OCCURRED hile At	Yes n or obout 21C. WHERE DID ffice bidg., INJURY OCCUR?  21F. HOW DID IN	IN CERTIFYING CA	ust 3,
CAL CERTIFIC	TO THE DIDISEASE OR  19A. DATE OF  21A. ACCIDEN OR CONTRIBU DEATH (notify)  21D. TIME OF INJURY (APPROX.)  22. I certify that (I) (we)	EATH BUT NOT REL CONDITION CAUSING OPERATION 198. COT WAS PER  NT WAS UNDERLYING JTING CAUSE OF medicol exominet  (Month) (Doy) (Year)  that (I) (this hospital last saw the deceas	IT.  HOITION FOR  FORMED  21  hoio etc  (Houth 21  W  W  I) attended ed alive an.	B. PLACE OF INJURY (e.g., ine, form, foctory, street, on the stree	Yes n or obout 21C. WHERE DID ffice bidg., INJURY OCCUR?  21F. HOW DID IN  19 65 and t	IN CERTIFYING CA	ust 3,
CAL CERTIFIC	TO THE DIDISEASE OR  19A. DATE OF  21A. ACCIDEN OR CONTRIBU DEATH (notify)  21D. TIME OF INJURY (APPROX.)  22. I certify that (I) (we) and haur and	EATH BUT NOT REL CONDITION CAUSING OPERATION 198. COI WAS PER NT WAS UNDERLYING THOSE OF medical examiner  (Month) (Day) (Year)  that (I) (this hospital last saw the decease d fram the causes state	IT.  HOITION FOR  FORMED  21  hoio etc  (Houth 21  W  W  I) attended ed alive an.	B. PLACE OF INJURY (e.g., ine, form, foctory, street, on the stree	Yes n or obout 21C. WHERE DID ffice bidg., INJURY OCCUR?  21F. HOW DID IN	IN CERTIFYING CA	ust 3.
CAL CERTIFIC	TO THE DIDISEASE OR  19A. DATE OF  21A. ACCIDEN OR CONTRIBU DEATH (notify)  21D. TIME OF INJURY (APPROX.)  22. I certify that (I) (we)	EATH BUT NOT REL CONDITION CAUSING OPERATION 198. COI WAS PER NT WAS UNDERLYING THOSE OF medical examiner  (Month) (Day) (Year)  that (I) (this hospital last saw the decease d fram the causes state	IT.  HOITION FOR  FORMED  21  hoio etc  (Houth 21  W  W  I) attended ed alive an.	B. PLACE OF INJURY (e.g., in me, form, foctory, street, on the control of the control of the control of the deceased from J. August 3, (1) (We) (did) (did nat) when the control of the co	Yes n or obout 21C. WHERE DID ffice bidg., INJURY OCCUR?  21F. HOW DID IN  19 65 and to the wiew the bady after death.	IN CERTIFYING CA	ust 3.  Inian death accurred
CAL CERTIFIC	TO THE DIDISEASE OR  19A. DATE OF  21A. ACCIDEN OR CONTRIBU DEATH (notify)  21D. TIME OF INJURY (APPROX.)  22. I certify that (I) (we) and haur and 23A. SIGNATU  23C. PHYSICIA	EATH BUT NOT REL CONDITION CAUSING OPERATION 198. COI WAS PER  NT WAS UNDERLYING (Month) (Doy) (Year)  that (I) (this hospital last saw the deceas d fram the causes sto	IT.  HOITION FOR  FORMED  21  hoio etc  (Houth 21  W  W  I) attended ed alive an.	B. PLACE OF INJURY (e.g., in me, form, foctory, street, on the control of the con	Yes n or obout 21C. WHERE DID ffice bidg., INJURY OCCUR?  21F. HOW DID IN  19 65 and to the wiew the bady after death.	IN CERTIFYING CA	ust 3.  Inian death accurred
CAL CERTIFIC	TO THE DIDISEASE OR 19A. DATE OF 21A. ACCIDEN OR CONTRIBUDEATH (notify 21D. TIME OF INJURY (APPROX.)  22. I certify that (I) (we) and haur and 23A. SIGNATU	EATH BUT NOT REL CONDITION CAUSING OPERATION 198. COT WAS PER NT WAS UNDERLYING That (I) (this hospital last saw the deceased fram the causes state IRE	IT.  HOITION FOR  FORMED  21  howeste  (Hour) 21  W  W  1) attended  ed alive an  ted abave.	B. PLACE OF INJURY (e.g., i me, form, foctory, street, o)  E. INJURY OCCURRED hile At	Yes n or obout 21C. WHERE DID ffice bidg., INJURY OCCUR?  21F. HOW DID IN  19 65 and t riew the bady after death.  23D. ADDRESS	IN CERTIFYING CA	ust 3.  Inian death accurred  238. DATE SIGNED  August 3,
MEDICAL CERTIFIC	TO THE DIDISEASE OR  19A. DATE OF  21A. ACCIDEN OR CONTRIBU DEATH (notify)  21D. TIME OF INJURY (APPROX.)  22. I certify that (I) (we) and haur and 23A. SIGNATU  23C. PHYSICIA NAME (T)	EATH BUT NOT REL CONDITION CAUSING OPERATION 198. COI WAS PEI  NT WAS UNDERLYING TING CAUSE OF medicol exominer)  (Month) (Doy) (Year)  that (I) (this hospital last saw the deceas d fram the causes sta  IRE  OPERATION TO RELIGIOUS TO RELIG	(Hour) 21 www.  (a) attended ed alive an attendadve.  (A) Rat	B. PLACE OF INJURY (e.g., i me, form, foctory, street, o)  E. INJURY OCCURRED hile At	Yes n or obout 21C. WHERE DID ffice bidg., INJURY OCCUR?  21F. HOW DID IN  19 65 and t  view the bady after death.  23D. ADDRESS  4940 Eastern	IN CERTIFYING CA	ust 3.  Inian death accurred  238. DATE SIGNED  August 3,
MEDICAL CERTIFIC	TO THE DIDISEASE OR  19A. DATE OF  21A. ACCIDEN OR CONTRIBU DEATH (notify)  21D. TIME OF INJURY (APPROX.)  22. I certify that (I) (we) and haur and 23A. SIGNATU  23C. PHYSICIA NAME (T)	EATH BUT NOT REL CONDITION CAUSING  OPERATION 198. COI WAS PEI  NT WAS UNDERLYING  (Month) (Doy) (Year)  that (I) (this hospital last saw the decease d fram the causes state  (N'S ype)  Dr. HOWA  MATION, 248. DATE  Specify)	(Hour) 21 WW 1) attended ed alive an, ted abave. 124C.N	B. PLACE OF INJURY (e.g., i me, form, foctory, street, o)  E. INJURY OCCURRED hile At	Yes n or obout 21C. WHERE DID ffice bidg., INJURY OCCUR?  21F. HOW DID IN 19 65 and the view the bady after death. 23D. ADDRESS  4940 Eastern EMATORY 24D.	IN CERTIFYING CA	ust 3, Inian death accurred  238 DATE SIGNED  August 3,

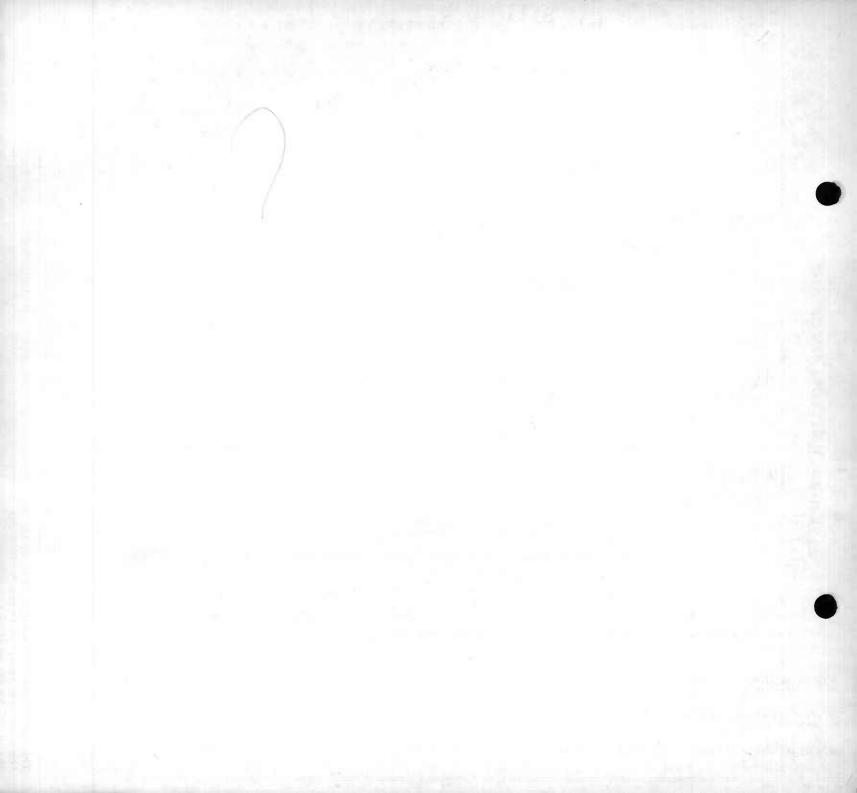


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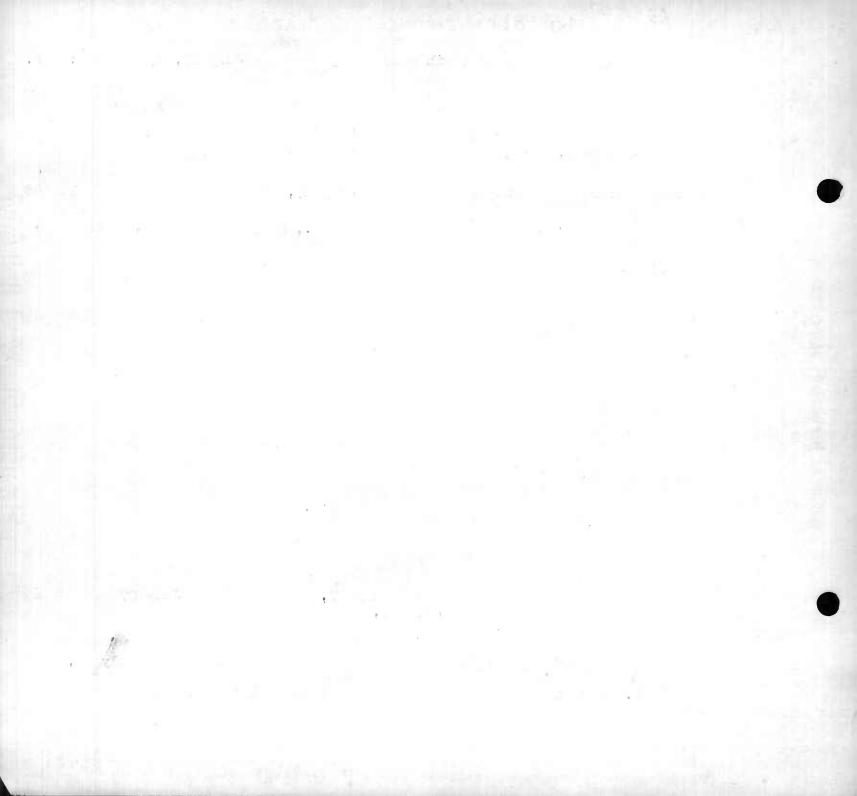
8/9/65 - Race - White - Information received from yed. Exam. Office

1,1	LE CASE NO. NAME OF DECEASED TO THE PRINT	1	7	ATE OF DEATH	AND HOUR OF DEATH	1
	PLACE OF DEATH IN BALTIMO	ES G	arey	MA LISUAL RESIDENCE (W	7-30-6.	5 14:
		haspital ar institution, r location)	give sheet	Mary a	nd	RURAL and give towns #2/230
5	Bouth Baltin	nont GE	neral Hosp	151	W. HEn	rietta
5.	SEX 6. RACE	po WIDOW	D, NEVER MARRIED  ED, DIVORCED (specify)  OF BUSINESS OR INDUSTR'	B. DATE OF BIRTH	9. ABB (In years lost birthdoy)	If Under 1 Yr. (f U Manths Doys Hour
do	ne during most of working lile, wen if	retired)	Yone			WHAT COUNTR
13	FATHER'S NAME		10/16	14. MOTHER'S MAIDEN N	IAME	
15	, Was Deceased Ever in U. S. A	mod Farcas?	1 6. SOCIAL	17. INFORMANT		ADDRESS
	es, no or unknown) (If yes, give wo		SECURITY NO.	IV. INFORMANT		ADDRESS
-	18./5 / X	- THE .	CAUSE	DF DEATH		INTERVAL B
	DISEASES OR CONDITION					
ATION	DISEASES OR CONDITION rise to the above cous UNDERLYING CONDITION	te (A) staling the last.  TIONS CONTRIBUTIING TO TO TO TO SING IT.	9 e (C) NG HE			
RTIFICATION	DISEASES OR CONDITION rise to the above cous UNDERLYING CONDITION	te (A) staling the last.  TIONS CONTRIBUTIING TO TO TO TO SING IT.	9 e (C)	20 A. AUTOPSY? (Yes ar	No) 20B. IF YES, WER	E FINDINGS CONSIDERE AUSES OF DEATH?
AL CERTIFICATION	DISEASES OR CONDITION rise to the obove caus UNDERLYING CONDITION  OTHER SIGNIFICANT CONDIT TO THE DEATH BUT NO DISEASE OR CONDITION CA  19A. DATE OF OPERATION  OR CONTRIBUTING CAUSE DEATH (notily medical exomine	TIONS CONTRIBUTIONS CONTRIBUTIONS TRELATED TO TUSING IT.  PB. CONDITION FOR AS PERFORMED  21	NG HE WHICH OPERATION  B. PLACE OF INJURY (e.g., me, form, foctory, street, orm, foctory, orm, foctory, street, orm, foctory, orm, foc		No) 208. IF YES, WERI	E FINDINGS CONSIDERE
	DISEASES OR CONDITION rise to the obove cous UNDERLYING CONDITION  OTHER SIGNIFICANT CONDIT TO THE DEATH BUT NO DISEASE OR CONDITION CA  19A. DATE OF OPERATION OR CONTRIBUTING CAUSE DEATH (notify medical examine OF INJURY (APPROX.)	TIONS CONTRIBUTIID TRELATED TO TUSING IT.  PS. CONDITION FOR AS PERFORMED  LYING   21   21   22   23   24   24   24   24   24   24	B. PLACE OF INJURY (e.g., form, foctory, street, form).  E. INJURY OCCURRED (hile A1 Not Work).	in ar about 21C. WHERE DID olfite bldg., INJURY OCCUR:	No) 20B. IF YES, WERI IN CERTIFYING C (If in Boltime	E FINDINGS CONSIDERE AUSES OF DEATH? One City, give exact locat
CAL	DISEASES OR CONDITION rise to the obove cous UNDERLYING CONDITION  OTHER SIGNIFICANT CONDIT TO THE DEATH BUT NO DISEASE OR CONDITION CA  19A. DATE OF OPERATION  21A. ACCIDENT WAS UNDER OR CONTRIBUTING CAUSE DEATH (notily medical exomine OF INJURY (APPROX.)  22. I certify that (this h	te (A) stating the last.  TIONS CONTRIBUTII DI RELATED TO T USING IT. 98. CONDITION FOR AS PERFORMED  LYING   21 hb (Year) (Hour) 21 W W Oospitol) ottended	B. PLACE OF INJURY (e.g., or, lorm, foctory, street, or, lord, foctory, street, or, lord, fork At Work the deceosed from	in ar about 21C. WHERE DID office bldg., INJURY OCCUR:	No) 208. IF YES, WERI IN CERTIFYING C	E FINDINGS CONSIDERE AUSES OF DEATH? Dre City, give exact local
CAL	DISEASES OR CONDITION rise to the obove cous UNDERLYING CONDITION  II  OTHER SIGNIFICANT CONDIT TO THE DEATH BUT NO DISEASE OR CONDITION CA  19A. DATE OF OPERATION II  21A. ACCIDENT WAS UNDER OR CONTRIBUTING CAUSE DEATH (notily medical examine) OF INJURY (APPROX.)  22. I certify that (##) this h	te (A) stating the last.  TIONS CONTRIBUTII DI RELATED TO T USING IT. 98. CONDITION FOR AS PERFORMED  LYING   21 hb (Year) (Hour) 21 W W Oospitol) ottended	B. PLACE OF INJURY (e.g., or, lorm, foctory, street, or, lord, foctory, street, or, lord, fork At Work the deceosed from	in ar about 21C. WHERE DID office bldg., INJURY OCCUR:	No) 208. IF YES, WERI IN CERTIFYING C	E FINDINGS CONSIDERE AUSES OF DEATH? One City, give exact locat
MEDICAL	DISEASES OR CONDITION rise to the obove cous UNDERLYING CONDITION  II  OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NO DISEASE OR CONDITION CA  19A. DATE OF OPERATION TO CONTRIBUTING CAUSE DEATH (notily medical examine) OF INJURY (APPROX.)  21. L certify that (This has that the cous 23A. SIGNATURE	te (A) stating the last.  TIONS CONTRIBUTII DI RELATED TO T USING IT. 98. CONDITION FOR AS PERFORMED  LYING   21 hb (Year) (Hour) 21 W W Oospitol) ottended	WHICH OPERATION  8. PLACE OF INJURY (e.g., me, form, foctory, street, c.)  E. INJURY OCCURRED  While At Not When the deceased from 7-30  (I) (We) (did) (did not)	in ar about 21C. WHERE DID office bldg., INJURY OCCUR:	No) 208. IF YES, WERI IN CERTIFYING C	E FINDINGS CONSIDERE AUSES OF DEATH?  Dre City, give exact local  2-3 0  Dinlan death occurred
CAL	DISEASES OR CONDITION rise to the obove cous UNDERLYING CONDITION  OTHER SIGNIFICANT CONDIT TO THE DEATH BUT NO DISEASE OR CONDITION CA  19A. DATE OF OPERATION  21A. ACCIDENT WAS UNDER OR CONTRIBUTING CAUSE DEATH (notily medical exomine OF INJURY (APPROX.)  22. I certify that (T) (this he that (T) (we) lost sow the cond hour and from the cous	TONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS RELATED TO TUSING IT.  PR. CONDITION FOR AS PERFORMED  LYING (Year) (Hour) 21  (Year) (Hour) 21  W. W	B. PLACE OF INJURY (e.g., me, form, foctory, street, form)  E. INJURY OCCURRED Mile At Work At	20A. AUTOPSY? (Yes or  NO in ar about 21C. WHERE DID blike bldg., INJURY OCCUR?  21F. HOW DID ite  19 65 ond  view the body after deat	No) 20B. IF YES, WERI IN CERTIFYING C  (If in Boltimo	E FINDINGS CONSIDERE AUSES OF DEATH?  Dre City, give exact locat  7-3 0  Dinlan death occurred
MEDICAL	DISEASES OR CONDITION rise to the obove cous UNDERLYING CONDITION  II  OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NO DISEASE OR CONDITION CA  II 19A. DATE OF OPERATION TO CONTRIBUTING CAUSE DEATH (notily medical examine) OF INJURY (APPROX.)  21. I certify that (This has that the Cous 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  A. BURIAL CREMATION, 248. DREMOVAL (Specify)	ice (A) stating the last.  PIONS CONTRIBUTION FOR RELATED TO TUSING IT.  PB. CONDITION FOR AS PERFORMED  LYING (Year) (Hour) 21  W. W	WHICH OPERATION  B. PLACE OF INJURY (e.g., me, form, foctory, street, c.)  E. INJURY OCCURRED  While At	in ar about 21C. WHERE DID blitte bldg., INJURY OCCUR:  21F. HOW DID ile  19 ond view the body after deat	No) 208. IF YES, WERI IN CERTIFYING C  (If in Boltimo  INJURY OCCUR?  19 65 to  that in ( our) of h.  Stoff Phys.	2-3.0  Dinlon deoth occurred  238. DATE SIGNED  8-2-65
W Z44	DISEASES OR CONDITION rise to the obove cous UNDERLYING CONDITION  II  OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NO DISEASE OR CONDITION CA  II 19A. DATE OF OPERATION TO CONTRIBUTING CAUSE DEATH (notily medical examine) OF INJURY (APPROX.)  21. I certify that (This has that the Cous 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  A. BURIAL CREMATION, 248. DREMOVAL (Specify)	ice (A) stating the last.  FIONS CONTRIBUTION FOR RELATED TO TUSING IT.  PB. CONDITION FOR AS PERFORMED  LYING (Year) (Hour) 21  W. W	B. PLACE OF INJURY (e.g., me, form, foctory, street, form)  E. INJURY OCCURRED Mile At Work At	20A. AUTOPSY? (Yes or  NO  in ar about 21C. WHERE DID  blive bldg., INJURY OCCUR?  21F. HOW DID  ile  19	No. 208. IF YES, WERI IN CERTIFYING C  (If in Boltimo  NJURY OCCUR?  19 65 to  thot in ( ) (our) of  h.  Stoff Phys. D  COCATION	2-3.0  printen death occurrence (238, DATE SIGNED 8-2-6.5)



VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

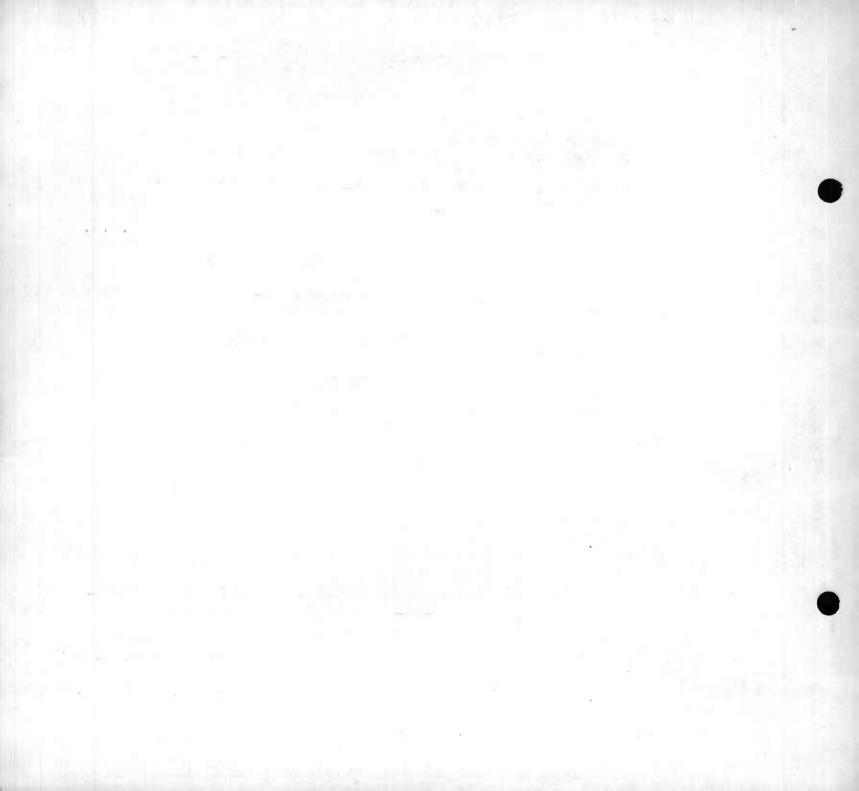


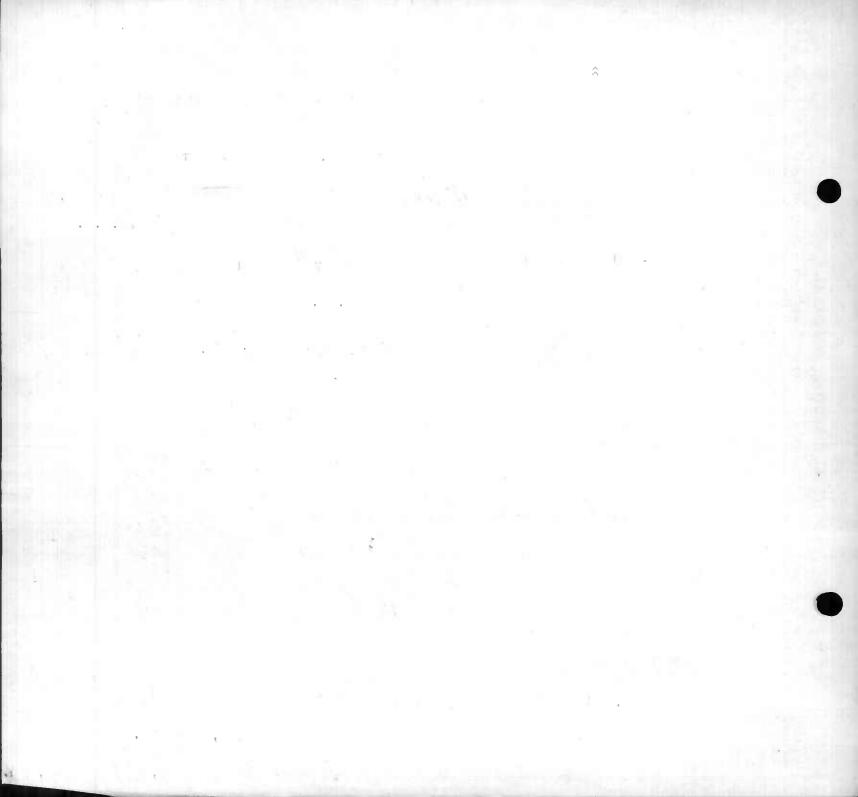
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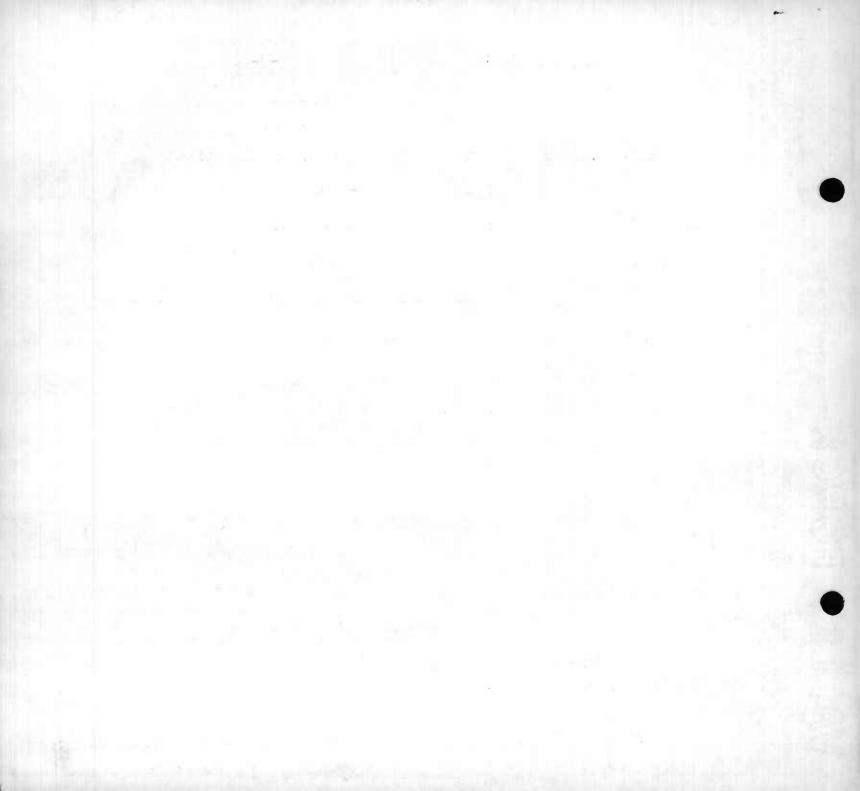
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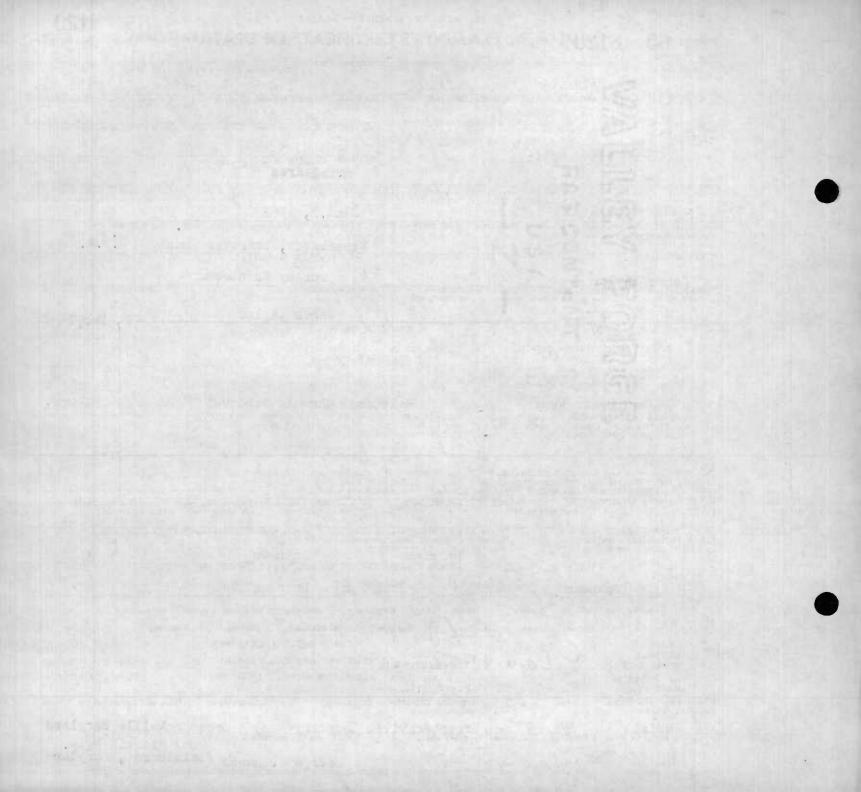
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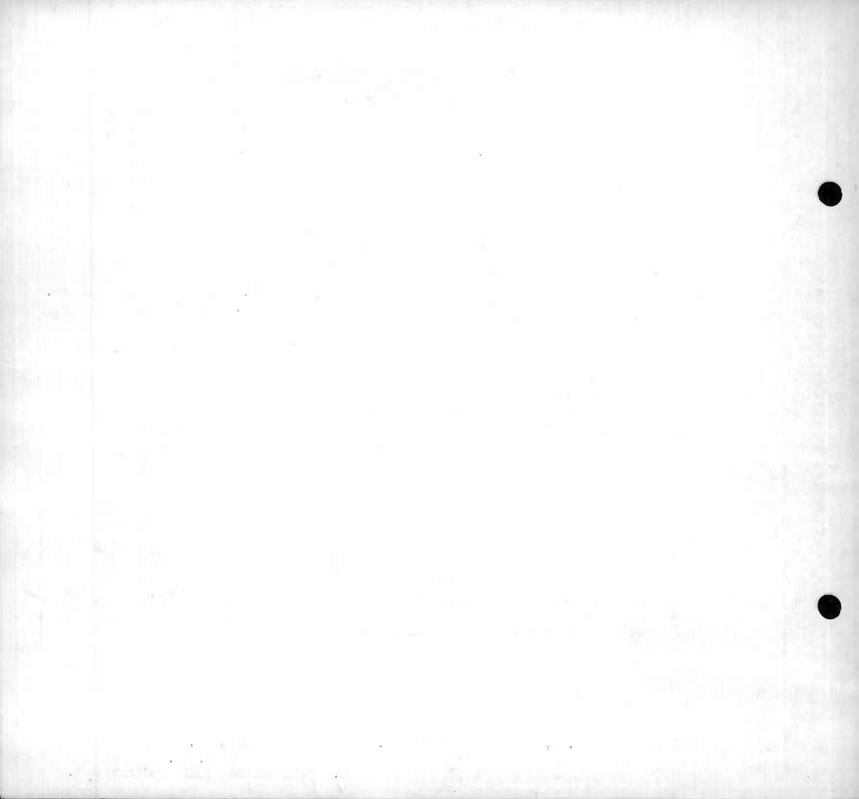
(Туре	ME OF DECE ai Print)	Baby Gi		phor-Rence			7-30-1965	2:1	IVI.
FU	ACE OF DEAT	Baltimore 4940 Easte	City Fern Ave	Hospitals enue	Mar c. city	yland or town (If outsi	do city limits, write RUR/	The same and	
5. SE)	,	Baltimore.		and 21224		9 Slater			idor 24 Hrs.
Fer	nale	Negro	Nevel	Married Married	7-3	30-1965 "		Under 1 Yr. If Un onths Doys Heurs	1
done	during most of w	orking life, even if retired)	10B. KIND OF	BUSINESS OR INDUSTR	Mar	yland		U.S.A.	
13. FA	ATHER'S NAM	E			14. MOT	Renee Cam			
15. W Yes, r	as Deceased no ai unknown)	Ever in U. S. Armed For (If yas, give war ar date	ces? s of service)	16. SOCIAL SECURITY NO.	Reco	RMANT	940 Eastern	ADDRESS n Avenue	21221
i	This does not nearl failure, or camp A DISEASES Or ise to the	E OR CONDITION DIF LEADING TO DEATH of meon the mode of asthenia, etc., It means stication which caused INTECEDENT CAUSES R CONDITIONS, if obave cause (A) CONDITION last.	dying, e.g., The disease, death.)	EDUE TO	atur	80 000 00 <b>0 000</b> 000 000 000 000 000 000	ia.		
ATIO	TO THE DE	II FICANT CONDITIONS C FATH BUT NOT RELA CONDITION CAUSING I OPERATION 198. CON WAS PER	TED TO THE	E	20A.,	AUTOPSY? (Yos or No)	208. IF YES, WERE FINE	DINGS CONSIDERED	
CAL CERTIFIC	OR CONTRIBU	T WAS UNDERLYING TING CAUSE OF		PLACE OF INJURY (e.g., e, farm, factory, street,			Yes	ty, givo exact lacatio	
MEDI		(Month) (Day) (Year)		INJURY OCCURRED	ile 🔲	21F. HOW DID INJU	RY OCCUR?		
t	hat (I) (we)	last saw the decease	d alive an	ne deceased fram	19	65 and the	t In(my) (aur) opinia	7-30- n death accurred (	165
_	3A. SIGNATUI S, (1) 3C. PHYSICIAI NAME (Ty	NS pel	Ke	Per M.D. A	23D. ADD	Med. S Director P		timore.Ma	
2	MAINE TIY	Dr.S. Wayne							

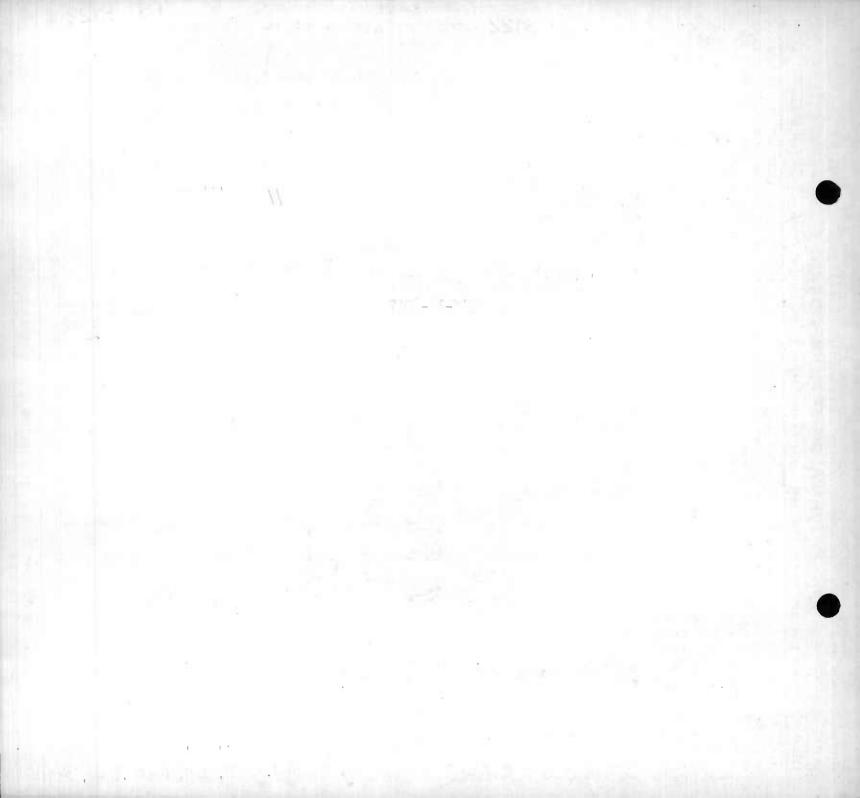




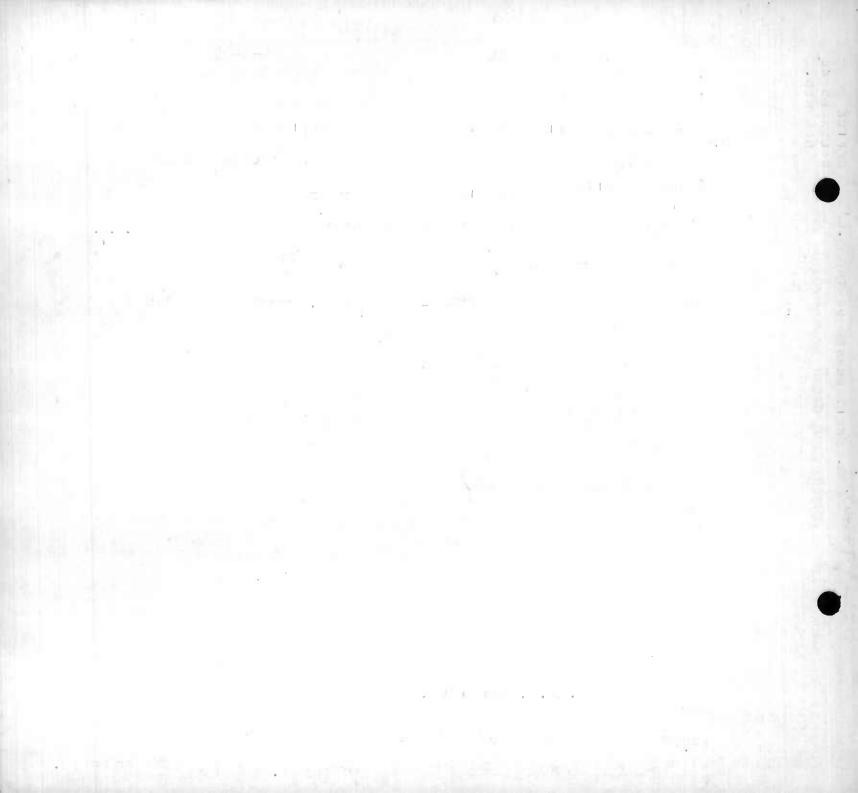








R	-340	65 8123	ATE OF DEATH Registered No. 65 8123
	and death death eased n the Such	M.E CASE NO.  1. NAME OF DECEASED (Type or Print)  JOSEPH REDEL	2, DATE AND HOUR OF DEATH  7:05 Pm.
6	MED • hospital se of (5) Dece of death.	3. PLACE OF DEATH IN BALTIMORE, MARYLAND  FULL NAME OF (If not in hospital or institution, give street oddress or location)	A. STATE  B. COUNTY  C. CITY OR TOWN (If outside city limits, write RURAL and give township)
FICE	NON NON ed in a ling cause; r attend prior to	3 THE JOHNS HOPKINS HOSPITAL	D. STREET ADDRESS (If rurol, give locotion)
0	ntributi rmined egular ased pr	5. SEX 6. RACE WHITE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) MARRIED	B. DATE OF BIRTH 9. AGE (In years lost birthday) 10st birthday) 47  9. AGE (In years Months Doys Hours Min,
M.E'S	nt if death ordinect or con; (4) Undetermy was in rein the decea	done during most of working life, even if retired)  Gas Fitter  Gas & Elec Co  13. FATHER'S NAME  JOHN REDEL	
THE	RIANT ssistant the dir kind; (death nce on final dis	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) Yes  WW 11  16. SOCIAL SECURITY NO. 217-14-0777	17. INFORMANT Redel Mary B. Schizt 5818 Marluth Ave
REIT	AL DIRECTOR: IMPOl nedical examiner or his as edical examiner. Also, if burns; (3) A fracture of any hysician who pronounced n was in regular attendaremains are embalmed or		OF DEATH  OF DEATH  OF DEATH  Cute Caroliac Arrythmum 2 hours.  Hyocarolial Infanction  Coronary artery Puseaus.
8-4-65	FUNE ved by the chie hospital by a nature; (2) Bod ept where the d (6) No physic ained before th	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	ork U
	certificate must be appropody was released to the rs: (1) An accident of any D.O.A. at a hospital (excased prior to death); an ten approval must be obt	23C. PHYSICIAN'S NAME (TYPE)  DR. J.P. CAULFIELD. M.  24A. BURIAL CREMANON, 24B. DATE 24C. NAME of CEMETERY of REMOVAL (Specify)	19 and that in my (aur) apinion death accurred an the date  19 view the bady after death.  Altending Med Stoff Phys 23B. DATE SIGNED  23B. DATE SIGNED  23D. ADDRESS A STORED
	This certify the body shows: (1) was D.O., deceased written a	Buria 2 8/7/65 Parkwood 25A. Date REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR AUG 5 1965 Robert E. Jankey M. 1	Baltimore  25C. FUNERAL DIRECTOR  ADDRESS  Leonard: J. Ruck Inc 5305 Harford Rd.



BALTIMORE CITY HEALTH DEPARTMENT

65 8124

BIRTH NO. 65 8124

M.	E. CASE NO.									
	Pe or Print)	CEASED	S				HOUR PRONOUNC		MEIT	
					NDERLY	Augus	st 3, 1965 deceosed lived. If ins		3:05 p	M.
3. 1	LACE IN BALT	TIMORE MARYLAND, V	WHERE PRONOU	0 1-1	A. STATE	DENCE (Where	deceased lived. If ins B. COL	titution: reside	ence before 6d	mission)
Fil	RNAVE	LE NOTIN HOSE	A CUNTTE	8-12-65	M	arvland				
HO	SPITAL OR	ADDRESS OR LOC	ATION)	The state of the s	C. CITY OR TO	WN (If autside	carparate limits, write	e RURAL and	d give tawnshi	ip)
2					В	altimore		$I = I \setminus I$	7	
2					D. STREET AD	DRESS (If rural,	give location)			
J	ohns Hop	kins Hospita	1		2909	Bayonne A	Avenue			
5. 5	EX	6. RACE			B. DATE OF BIR		9. AGE (In years lost birthday)	If Under	1 Yr. If Under	24 Hrs.
		white		OIVORCED(specify)	F-1 40 4	200	1000	Months	Joys   Hours	sviin.
IOA	USUAL OCC	UPATION (Give kind of wo	Never N	SUSTRES OR INDUSTRY	Feb. 13.	E (State ar foreign	country)	12. CITIZE	N OF	
don	e during most of	warking life, even if retired)							COUNTRY?	
13.	efrigera FATHER'S NAM	tion Mechana	C		Baltim	Ore		US	A	
	Allieno Hair				, , , , , o , i , e , o	WAIDEN WAINE				
120	Arthur	J Wonderly ED EVER IN U.S. ARME		11/ 00 0141	Ida	Zepp		ADDRESS	1000	
(Yes	, na ar unknawn	of the sease of th	es of service)	16. SOCIAL SECURITY NO.	17. INFORMANT			ADDKE22		
	No			215-03-7379	Florence	e Merson	2908 Bayo	nne Ave	9	
	1B.	a A V		· CAUSE	OF DEATH				INTERVAL BET	
	DICEA	SE OR CONDITION D	IDECT! V	All and description of the party of					ONSET AND	DEATH
-	DISEA	LEADING TO DEAT	H	Mass:	ive subar	rachnoid	hemorrhage			
	(This does	not mean the made a , asthenia, etc. It mean	f dying, e.g.,	DUE TO	ive subarachnoid hemorrhage					
	injury or co	mplication which caused	death.)							
	1	ANTECENDENT CAUS	FS	D 1						
	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO						urysm			
		IE ABOVE CAUSE (A) S								
z		TO CONTENION CAU		(C)						
은		ii .				3.4				
3		NIFICANT CONDITIONS								
E		R CONDITION CAUSIN		nt		••••••				
CERTIFICATION	19A. DATE OF	OPERATION 198. CO		WHICH OPERATION	20 A. AUTOP		20B. IF YES, WERE FI			
	2	WAS PE	RFORMED		Yes		Yes	SES OF DEA	ATH?	
MEDICAL	21 A. EXTERNA	L CAUSE WAS	21 B.	PLACE OF INJURY (e.g.,	n or obout 21C.	WHERE DID (		ive exact lac	atian)	
S		ISE OF DEATH.	elc.)	form, foctory, street, o	nice biag., INJU	KI OCCUR?				
Z	21 D TIME	(Manth) (Day) (Yes	or) (Hour) 2	E. INJURY OCCURRED	21 F	ULNI DID WOH	RY OCCUP?			
	OF INJURY	(Manin) (Day) (16			WHILE	TO TO DID INTO	AT OCCOR.			
			m. W	ORK NOT NOT W	ORK		No.			
	22. I cer	tify that I held on	Inquiry 🗌	Inspection Aut	opsy y o	nd that on this	s bosis, deoth In r	my opinion		
		The state of the s			-		ndetermined mann			
	19501	Ited from: Notural co	-					er		
	ACTUA	1 / )1/	h 7			MEDICAL EXA			DATE SIG	NED
	SIGNAT		Jun C	M.D.		MEDICAL EX			8-4-	65
	EXAMIN				ASSOCIATE	MEDICAL EX	AMINER		0-4-	.05
02.1		Type) Midiger			GD 614 1 - 5 - 5 - 5	laan				E4-4-\
	A. BURIAL CRE MOVAL (Specif	MATION, 238 DATE	239	C. NAME of CEMETERY e	CREMATORY	23 D. LO	CATION (City	, tawn, or co	ounty) (S	Stote)
	Burial	8/6/6	5	Baltimore		Ba	ltimore	Ma	ryland	
		BY HEALTH DEPT.	248. NAME	OF REGISTRAR	24C. FUNE	RAL DIRECTOR		Al	DORESS	
	AHG F	1965 Re	F. 3 7	arber Mik	Leon	ard J. R	nck Inc. 5	305 Ha	rford R	d.
	Aud 6				10011	2 2 2		) 11d	2 2 0 2 0 10	~ •
VS	151-REV. 1/1/	65	high	0 0 1		(1 1) 2				1

V.S. 153 8-12-65 M.H.

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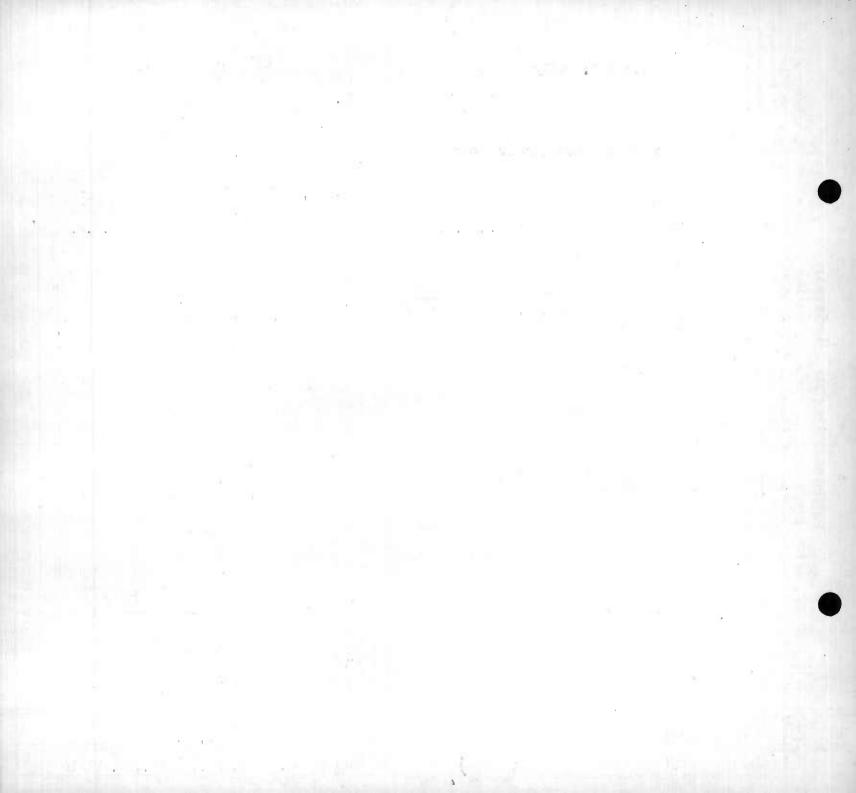
BIRTH NO.

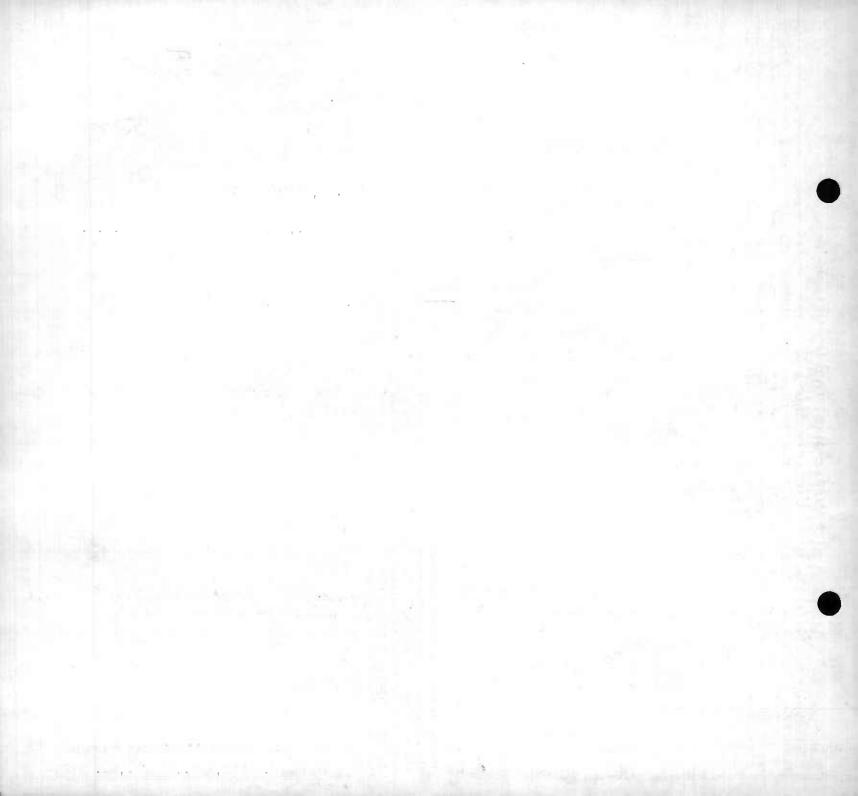
VS 150-REV, 1/1/65

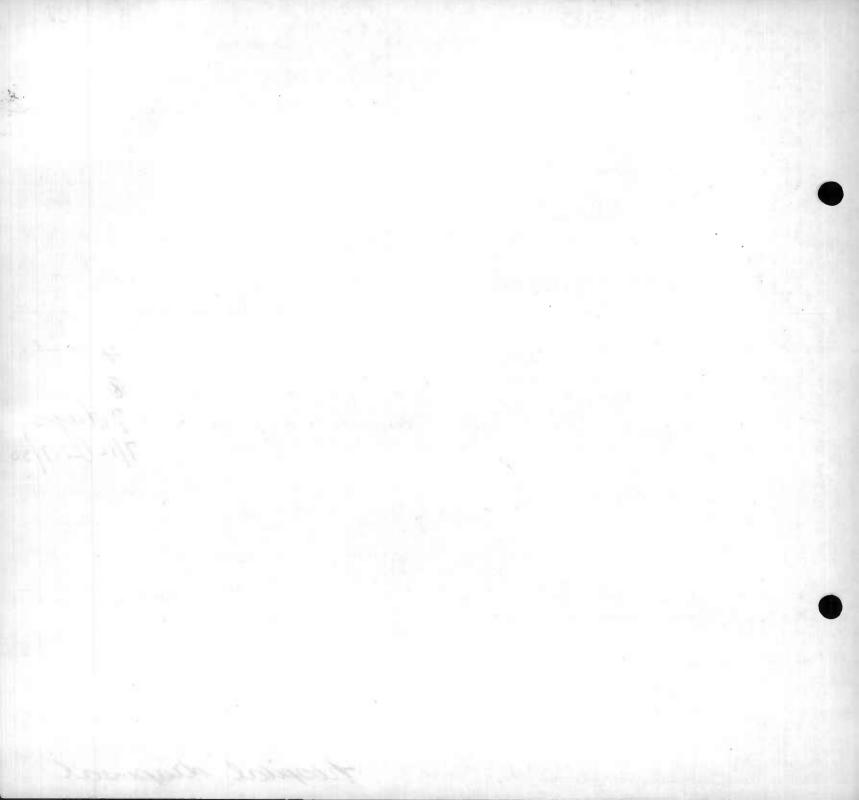
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered Na.

Il Under 24 Hrs. Hours Min.

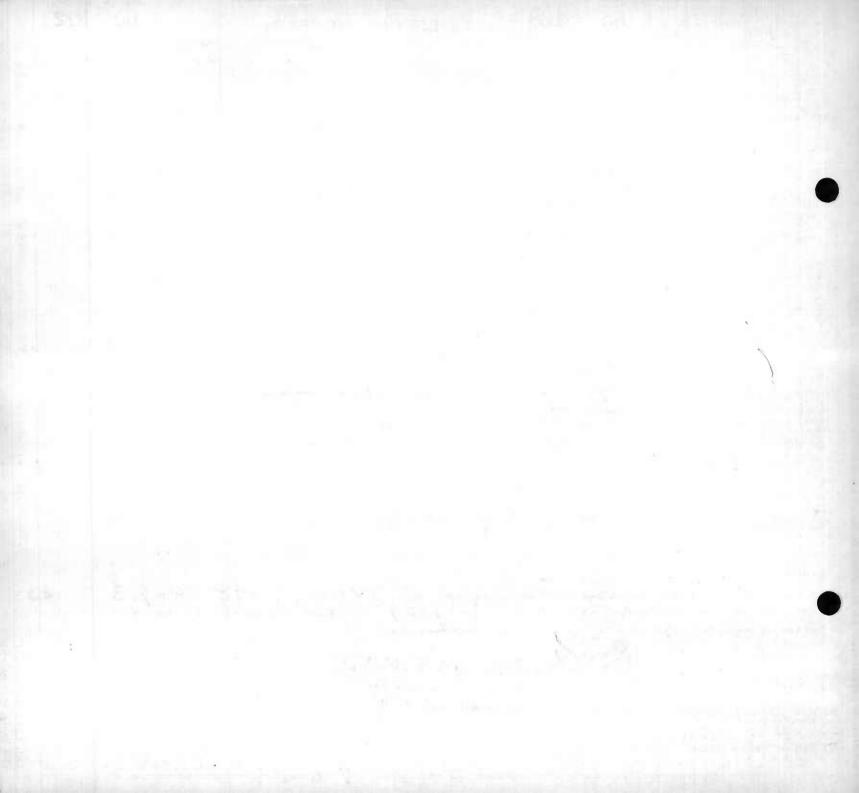




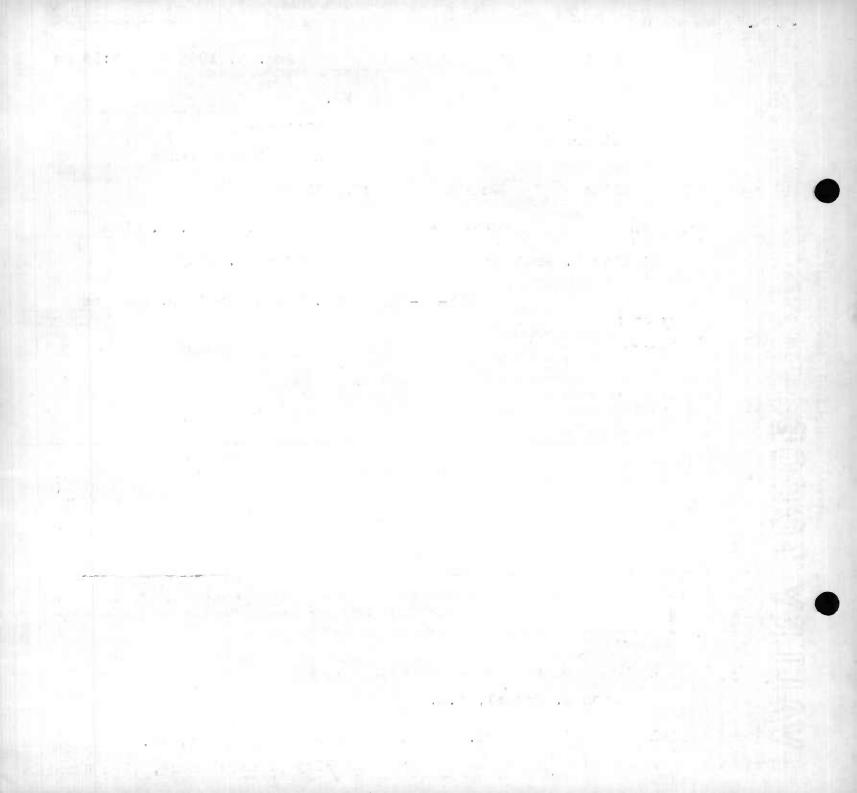


approved

BALTIMORE CITY HEALTH DEPARTMENT BIRTH NO. Registered Na. CERTIFICATE OF DEATH h occurred in a hospital and contributing cause of death stermined cause; (5) Deceased M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) CLASH AUG. 3-1965 LO death. 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admissio attendance (4) Undetermined cause; (5) FULL NAME OF HOSPITAL OR (If not in haspital ar institution, give street address or lacation) C. CITY OR TOWN (II autside city limits, write RURAL and give township INSTITUTION prior regular 7. MARRIED, NEVER MARRIED 9. AGE (In years If Under 1 Yr. II Un Manths: Days Haurs Il Under 24 Hrs. deceased WIDOWED, DIVORCED Ispecify) MARRIE 10A. USUAL OCCUPATION (Give kind of work 108-KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF done during most of working life, even if retired) WHAT COUNTRY? disposition COPPER WORKS LABONER CAMBRIDGE tr 5.0. SD M 13. FATHERS NAME the ARCHIE ESHIELD death LO 15. Was Deceased Ever in U. S. Anned Farces? ADDRESS 6. SOCIAL (Yes, na ar unknawn) (If yes, give war ar dates of service) SECURITY NO. attendance NO fracture of any pronounced CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, embal heart failure, asthenia, etc. It means the disease, regular injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the physician UNDERLYING CONDITION last. remains Was OTHER SIGNIFICANT CONDITIONS CONTRIBUTING up TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (2) Body 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 20 A. AUTOPSY? (Yes ar Na) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21 A. ACCIDENT WAS UNDERLYING ū 21B. PLACE OF tNJURY (e.g., in ar about 21C. WHERE DtD hame, farm, factory, street, affice bldg., INJURY OCCUR? III in Baltimare City, give exact lacation) where OR CONTRIBUTING CAUSE OF hospital 0 DEATH (notify medical examiner) any nature; MEDIC (Manth) (Day) (Year) (Haur) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY (except While At Nat While (APPROX.) Wark At Wark pup 22. I certify that (1) (this hospital) attended the deceased fram.... that (I) (we) last saw the deceased alive an hospital death) and have and from the causes stated above. (1) (We) (old nat) view the bady after death. 23A. SUGNATURE 238, DATE SIGNED Med. Director Stoff 0 pproval 0 1500 EAST MADISON ST. ADDRESS 23 C. PHYSICIAN'S prior to. NAME (Type) 24A. BURIAL CREMATION, 24B. DATE 24D. LOCATION deceased (City, tawn, ar caunty) 0.0 REMOVAL (Specify) Was 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF 25C. FUNERAL DIRECTO VS 150-REV. 1/1/65



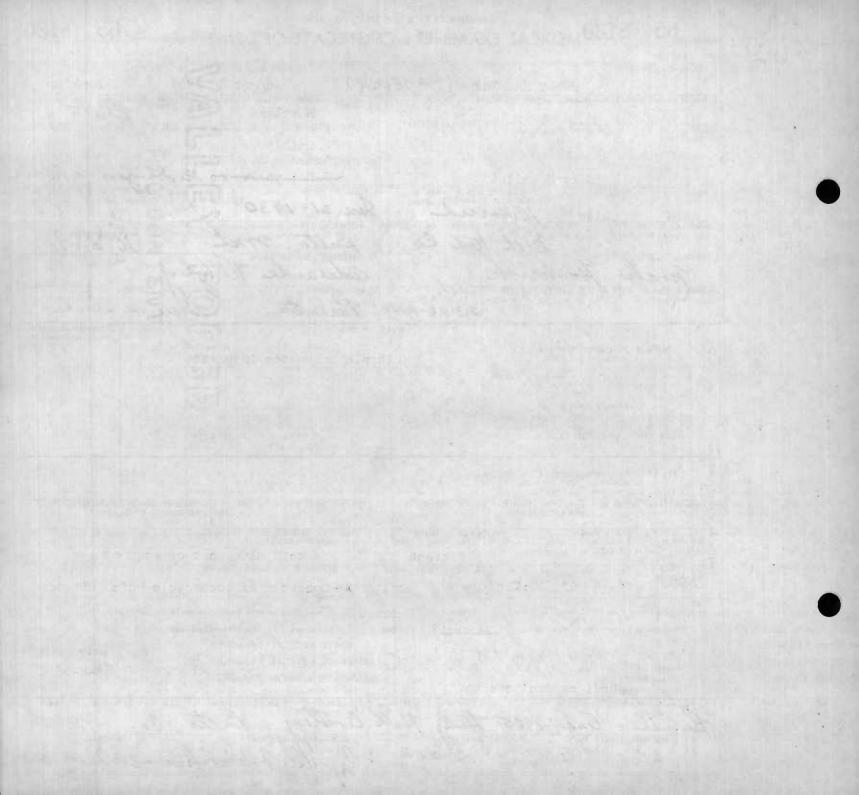
4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) (If outside city limits, write RURAL and give township) If Under 1 Yr. If Un Months: Doys Hours If Under 24 Hrs. 12. CITIZEN OF WHAT COUNTRY? USA ADDRESS same as INTERVAL BETWEEN ONSET AND DEATH 20A. AUTOPSY? (Yes at Not 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimore City, give exact lacation) and that I (my) (our) apinion death occurred an the date (City, town, or county) Pasadena. Md Funeral Home, Glen BurniE VS 150-REV. 1/1/65

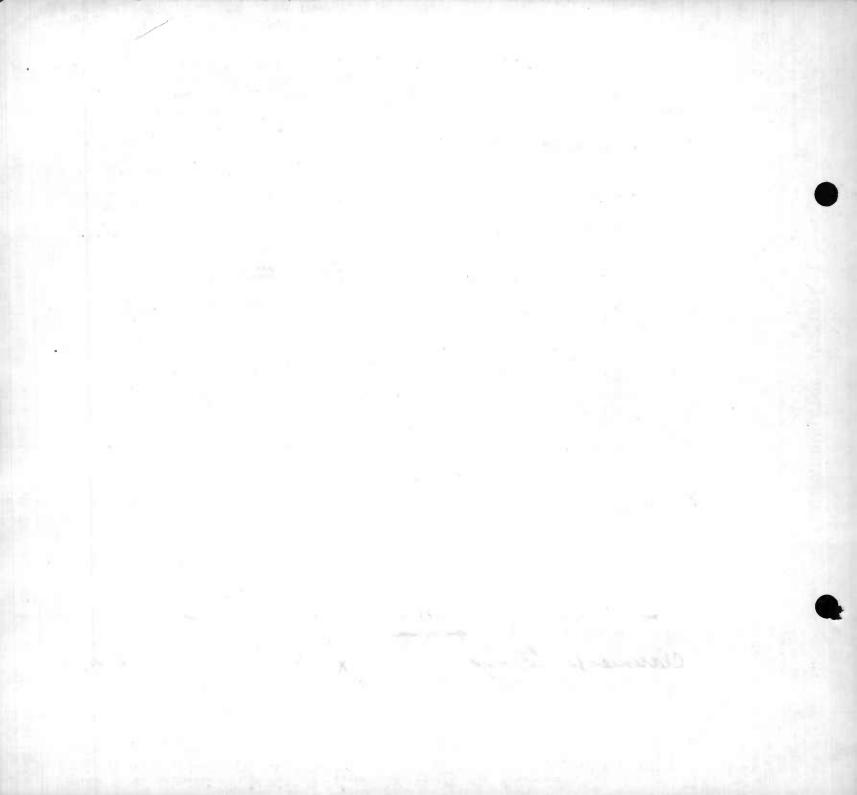


BALTIMORE	CITY	HEALTH	DEDAL	DTAACNIT
DALIMUKE	CILL	DEALID	UELA	KIMENI

400	BALTIMORE CITT	LALITI DEI AKTMENT		1
LOUMEDICAL	EXAMINER'S	CERTIFICATE OF	DEATH Registered No.	O

BALTIMORE CITY HEAL	TH DEPARTMENT
BIRTH NO. STATUMEDICAL EXAMINER'S C	ERTIFICATE OF DEATH Registered No. 65 8130
M.E. CASE NO.	
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR PRONOUNCED DEAD
HENRY HAMRICK (HAMRI	(K) August 4, 1965 10:40 a M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  A. STATE  B. COUNTY  B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
INSTITUTION	Baltimore 2
	D. STREET ADDRESS (If rurol, give locotion)
City Hospital	305 Marlyn Avenue 33 Jongoron herro
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH  9. AGE (In years   If Winder 1 Yr. If Under 24 Hrs.   Manths   Days   Hours   Min.
male white Hivorsed	Jan. 31-1930 35
to A. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State ar foreign country) 12. CITIZEN OF WHAT COUNTRY?
Deth steel Co.	Ballo. M. 1. 16.5.7.
noch Hamrick	adelaide Ridgley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown), (If yes, give war or dates of service)  SECURITY NO.	17. INFORMANT ADDRESS
213-26-1640	Parents. some is above
1B. CAUSE	OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
	tiple traumatic injuries
(This does not meon the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which coused death.)	
injury or camplication which coused death.)	
ANTECENDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING IT.	20A. AUTOPSY? (Yes at Na) 20B. IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED	Yes Yes IN CERTIFYING CAUSES OF DEATH?
ZIA. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g., home, farm, foctory, street, c	
OUTING CAUSE OF DEATH.	Eastern Blvd west of Stuart
Street  21D TIME (Manth) (Day) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
OF INJURY	WHILE S Operator of motorcycle which hit car
22. I certify that I held an Inquiry Inspection Au	topsy 🗵 ond that on this basis, deoth In my apinian
resulted from: Natural causesAccident X Suigid	
A A STATE OF THE PARTY OF THE P	CHIEF MEDICAL EXAMINER
ACTUAL (// MO TIME	ASSISTANT MEDICAL EXAMINER
SIGNATURE M.D.	ASSOCIATE MEDICAL EXAMINER 8-4-65
EXAMINER'S NAME (Type) Rudiger Breitenecker	ASSOCIATE MEDICAL EXAMINER
23A. BURIAL CREMATION 23B. DATE 23C. NAME of CEMETERY O	CREMATORY 23D. LOCATION (City, town, or county) (State)
REMOVAL (Specify) Gua. 7-1965 Holls Hill	Cemelery Breto Co. md.
24A. DATE REC'D BY HEALTH DETT. 24B. NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS
AUG 6 1965 Release E. Farkeyman	Comelly Jeneral Home - 300 mace line
VS 151-REV. 1/1/65	7 6 6 3

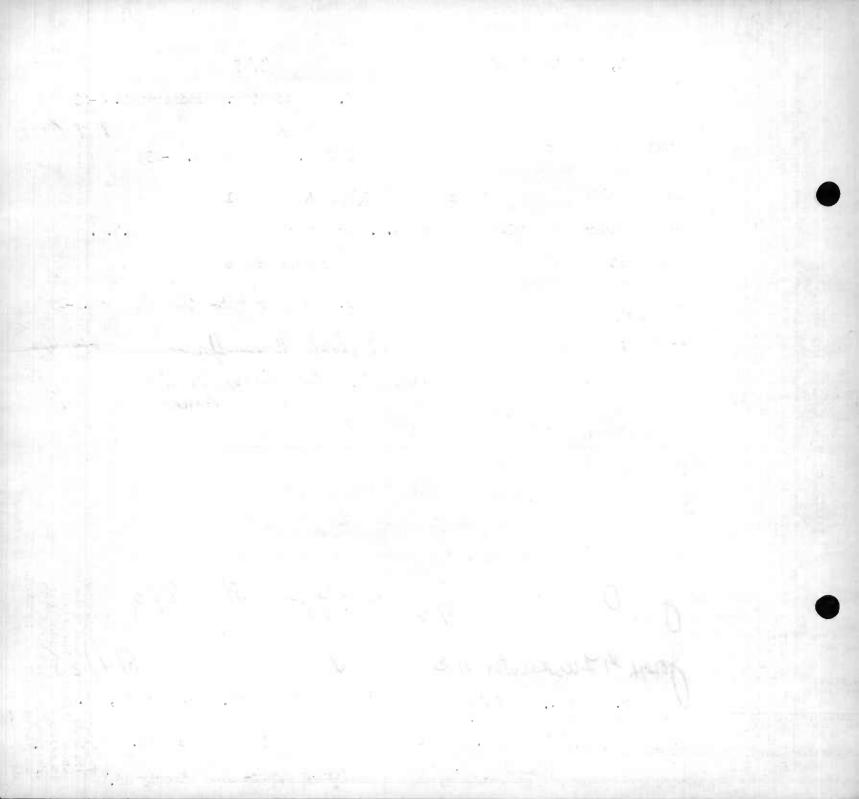




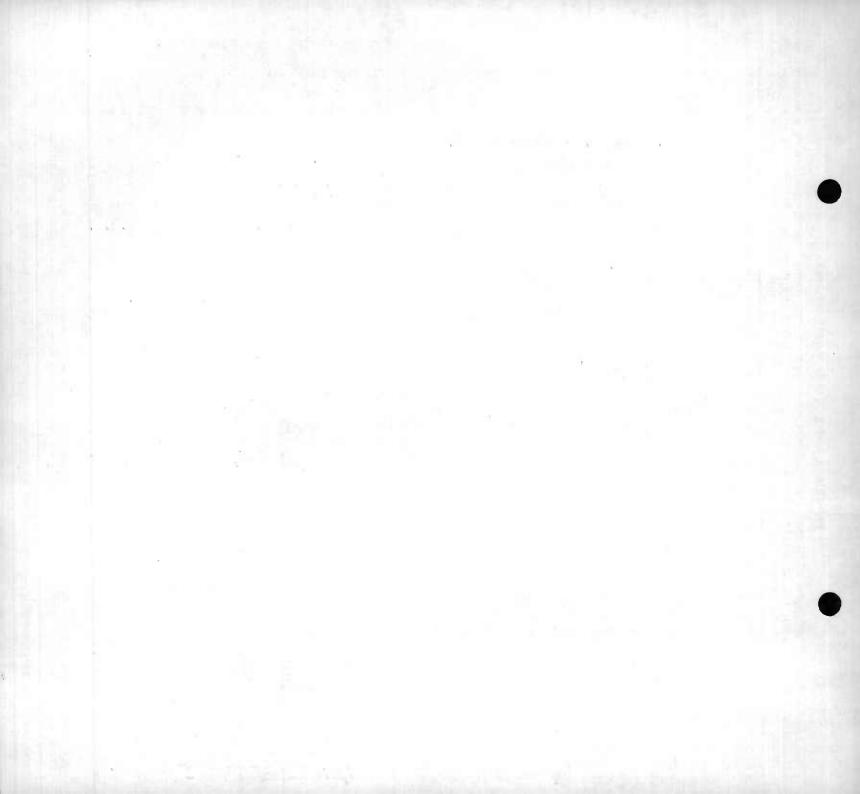
B	2	4	0	

BIR	TH NO.	MEDI	CAL EX	CAMINER'S CI	ERTIFICA	TE OF	DEATH Register	red Na.	01.05
l	E. CASE NO.								
1. (Ty	Pe or Print)			DAGTIE	(D) (C) (A)		D HOUR PRONOUNCE		1.20 4
2 1	N ACE IN BAL	JAMES	LIENE BRONOL	BASILE	II4 LICITAL BECIE		ust 4, 1965		1:20 A
3. 1	LACE IN BAL	TIMORE, MARYLAND, WI	HERE PRONOU	INCED DEAD	A. STATE		deceased lived. If insti-	NTY	before odmission)
FU	LL NAME OF	(IF NOT IN HOSPITA	L OR INSTITU	THON, GIVE STREET		ryland	e corporate limits, write	RURAL ond ai	ve township)
INS	TITUTION	ADDRESS OR LOCA	HON)		1	1timore			
					D. STREET ADD		give location)		1-1
	Si	nai Hospital					lding Avenue		
5. 5	EX	6. RACE	7. MARRIED,	NEVER MARRIED	8. DATE OF BIRT		9. AGE (In years	If Under 1 Y	r. If Under 24 Hrs.
1	la1e	Caucasian	200	OIVORCED (specify)	DOIM 0/1	1 /2 002	lost birthdoyl	Months Doy	s Hours Min.
		UPATION (Give kind of work	Marrie		ABOUT 9/1	(Stote or foreign	ABOUT 71	12. CITIZEN C	) F
	e during most of	working life, even if retired)				1++		U.S.	OUNTRY?
13.	TATHER'S NAM	lor	Mens C.	lothing	Sici 14. MOTHER'S M		E	0.0.2	**
		Unlenes	L.Po			Unknow			
15.	WAS DECEAS	Unknot ED EVER IN U.S. ARMED		16. SO CIAL	17. INFORMANT	OTIVITON	[1	ADDRESS	
(Ye	No or unknown	(If yes, give wor or dote:	s of service)	SECURITY NO.	Man Man		Danila 2022	Constant	ina Assa
				216-09-7584		rgaret	Basile, 3023	-	
	1B. 4	2/1 1		CAUSE	OF DEATH				ERVAL BETWEEN SET AND DEATH
	DISEA	SE OR CONDITION DIE							
	(This does	not mean the made of	dving ea	(A) Arter	iosclerot	ic Card	iovascular D	isease.	
	he ort foilure	, osthenio, etc. It meons	the disease.	50210					
	CHEST STATE								
		OR CONDITIONS, IF A		(B)DUE TO					
	RISE TO TH	HE ABOVE CAUSE (A) ST	ATING THE	501.10					
Z				(C)					
은		11							
O		NIFICANT CONDITIONS							
프	DISEASE C	R CONDITION CAUSING	1T.	************************		***************************************			
CERTIFICATION	19A. DATE O	F OPERATION 19B, CON WAS PERF		WHICH OPERATION			20B. IF YES, WERE FIN		
7	21 A FYTERN A	AL CAUSE WAS	218	BLACE OF INTURY (	No		(If in Pole City	I leastin	
EDIC/	UNDERLYING	OR CONTRIB-		PLACE OF INJURY (e.g., i , form, foctory, street, o			in in politimore City, giv	ve exoct locotto	n/
MED	UIING CAL	JSE OF DEATH.							
2	OF INJURY	(Month) (Doy) (Year	) (Hour) 2	1E. INJURY OCCURRED		OM DID INT	URY OCCUR?		
	(APPROX.)		m. V	VHILE AT NOT V	WHILE ORK				
	22.	tify that I held an Ir	nquiry 🗌	Inspection X Aut	apsy an	d that an th	is basis, death in m	v colnian	
		Ited fram: Natural cau		coldent Suicide			Undetermined manne		
	1620	red from: Natural Cal	7363 X	Suicide Suicide		EDICAL EX		,r 🗀	
	ACTUA	L ()/	ules I	1/-				D.	ATE SIGNED
	SIGNAT		Illes 5	Telly M.D.	ASSISTANT M			8/.	5/65
	NAME (		s S. Pe	tty, OM D.	ASSOCIATE A	MEDICAL E	XAMINER		
	BURIAL CRI	MATION, 23B DATE		C. NAME OF CEMETERY .	CREMATORY	23 D. L	OCATION (City,	town, or county	y) (Stote)
RE/	MOVAL (Speci	- 0/0//		Holy Redeemen	r Cemeter	v B	altimore, Md		
24	Buria	BY HEALTH DEPT.	248. NAME	OF REGISTRAR		AL DIRECTOR	and the state of the	ADDR	ESS
					111	4	4611 P		ghts Ave.
	A	UG 6 1965 (	Colores	E. Farley A.	le-ler	nonde	mmen		5
VS	151-REV. 1/1.	/65	7	0 5 0	0 7 6	1			

ALG-17-15 at 1 12 years Tartle, Disposing Me. A STOLE SALES OF THE SECOND STREET, SINCE SALES LAKE PARTY TO A PARTY AND AND



(Type o	Print)	Parie Ma	y Sosn	rell		1113	2. DATE	IND HOUR OF DEAT	55	9:40 91
FULL	NAME OPITAL OR	F (If not in oddross		r instilution, gr	ve streel	4. USUAL RE A. STATE Maryl	and B. cou	ore deceased lived, if NTY	-	1-02
10		Port St.	- Bal	ltimore,	Md.	Balti D. STREET AI 908 N	more	f rural, give location)		
5. SEX Fem		6. RACE White		Never m		B. DATE OF B	, 1926	9. AGE (In years lost birthday)		1 Yr. If Under Doys Hours
done du		JPATION (Give k working life, even			one		ore, Md		12. CITZ	S.A.
	Charle Personnel	AE	snell	247 11	6. SOCIAL	14. MOTHER'S	ictoria			222800 A
(Yes, no	no no	(If yes, givo w	or or dotes	of service)	security No.			908 N. Po.		ADDRESS
hed	is does n	SE OR CONDA LEADING TO not mean the osthenio, etc. apticotion which	DEATH mode of o	dying, e.g., lhe diseose,	(A) DUE TO	Bronck	0-1m	eumonis q	(	1 we
rise	EASES C	ANTECEDENT OR CONDITIO O obove cou O CONDITION	NS, if or	ny, giving	(B) DUE TO	Septii	eni'	-		me
NO TO TO	HER SIGNI	OR CONDITION OF OBOTO OF OBTO OF OBT OF	INS, if or ise (A) states (A) sta	ny, giving sloting the DNTRIBUTING ED TO THE	(c)			itary Tus		but 20,
RTIFICATION NO 1010	HER SIGNI THE D SEASE OR	OR CONDITION  O OBOVE COU  G CONDITION  II  FICANT CONDITION  EATH BUT N  CONDITION CO  OPERATION	NS, if or ise (A) state (A	ONTRIBUTING TO THE	(C)	obable 20A. AUTO	Peter	itary Tus	mar a	CONSIDERED
AL CERTIFICATION	BEASES CO D IO THE D THE D SEASE OR D DATE OF CONTRIBU	OR CONDITION  OR CONDITION  FICANT CONDITION  FICANT CONDITION  CONDITION CONDITION  OPERATION	NS, if or ise (A) state of the ise (A) state of the ise	ONTRIBUTING TO THE	(c)	obable 20A. AUTO	Peter	tary Tus	E FINDINGS AUSES OF D	CONSIDERED
MEDICAL CERTIFICATION AND STATE OF STAT	BEASES CO D IO THE D THE D SEASE OR D DATE OF CONTRIBU	OR CONDITION  O OBOVE COU  FICANT CONDIENT BUT N  CONDITION  OPERATION  NT WAS UNDE	NS, if or use (A) store (A	ONTRIBUTING ED TO THE STAND FOR WIDTH OF STAND S	(C)	20 A. AUTO 20 A. AUTO 20 A. AUTO 21 C. office bldg., INJU 21 F.	PSY? (Yes or P	Tary Tess WERI IN CERTIFYING CO	E FINDINGS AUSES OF D	CONSIDERED EATH?
WEDICAL CERTIFICATION NOTO TO	HER SIGNI THE D SEASE OR DATE OF  CONTRIBU ATH (notify PROX.)  I certify t (I) (we)	OR CONDITION  O obove council of CONDITION  FICANT CONDITION  FICANT CONDITION  FICANT CONDITION  OPERATION  OPERATION  (Month) IDoy  that (I) (thise- last sow the	NS, if or use (A) storm of the control of the contr	ONTRIBUTING ED TO THE STATE OF	ICH OPERATION  LACE OF INJURY (c., form, foctory, street, not V)  NJURY OCCURRED  At  Not V	obable  20 A. AUTO  p., in or obout 21 C. office bidg., INJU  21 F. /hilo	PST? (Yes or N WHERE DID RY OCCUR? HOW DID IN	JURY OCCUR?	E FINDINGS AUSES OF D DOIE City, give	CONSIDERED EATH?  exoct locotion)
WEDICAL CERTIFICATION NOTICE TO THE CONTROL OF THE	HER SIGNI THE D SEASE OR DATE OF CONTRIBUTE THE INJURY PROX.) I certify t (I) (we) SIGNATU	PR CONDITION  O obove country  G CONDITION  II  FICANT CONDITION  EATH BUT N  CONDITION C  OPERATION  INT WAS UNDE  UTING CAUSI  modicol exomin  (Month) IDoy  that (I) (thise-  Last sow the  d from the country  IRE	NS, if or use (A) storm of the control of the contr	ONTRIBUTING ED TO THE STATE OF	HICH OPERATION  LACE OF INJURY (e., form, foctory, street, at W. At W. deceased from	obable  20 A. AUTO  p., in or obout 21 C. office bidg., INJU  21 F. /hilo	PST? (Yes or N WHERE DID RY OCCUR? HOW DID IN	JURY OCCUR?	E FINDINGS AUSES OF D DOIE City, give	exoct locotion)
WEDICAL CERTIFICATION NOTICE TO THE CONTROL OF THE	HER SIGNI THE D SEASE OR DATE OF  CONTRIBU ATH (notify PROX.)  I certify t (I) (we)	OR CONDITION  OR CONDITION  OF CONDITION  FICANT CONDITION  FICANT CONDITION  OPERATION  OPERATION  (Month) IDoy  That (I) (thise- last sow the  d from the coul  IRE  OF CONDITION  INT WAS UNDE  IT WAS UND  IT WAS	NS, if or use (A) storm of the control of the contr	ONTRIBUTING ED TO THE STREET OF THE STREET O	HICH OPERATION  LACE OF INJURY (e., form, foctory, street, at W. At W. deceased from	20A. AUTO  20A. AUTO  20A. AUTO  21C.  offico bidg., INJU  21F.  /hilo  /hys.  1962  24thonding bys.  23D. ADDRESS  D. 262	PSY? (Yes or h WHERE DID RY OCCUR?  HOW DID IN  and t ofter death  Mod. Director  24D.	DURY OCCUR?  Stoff Phys.   Month of the control of	E FINDINGS AUSES OF D DIE City, give	exoct locotion)  196 h occurred on the Signed



IMPORTANT

DIRECTOR:

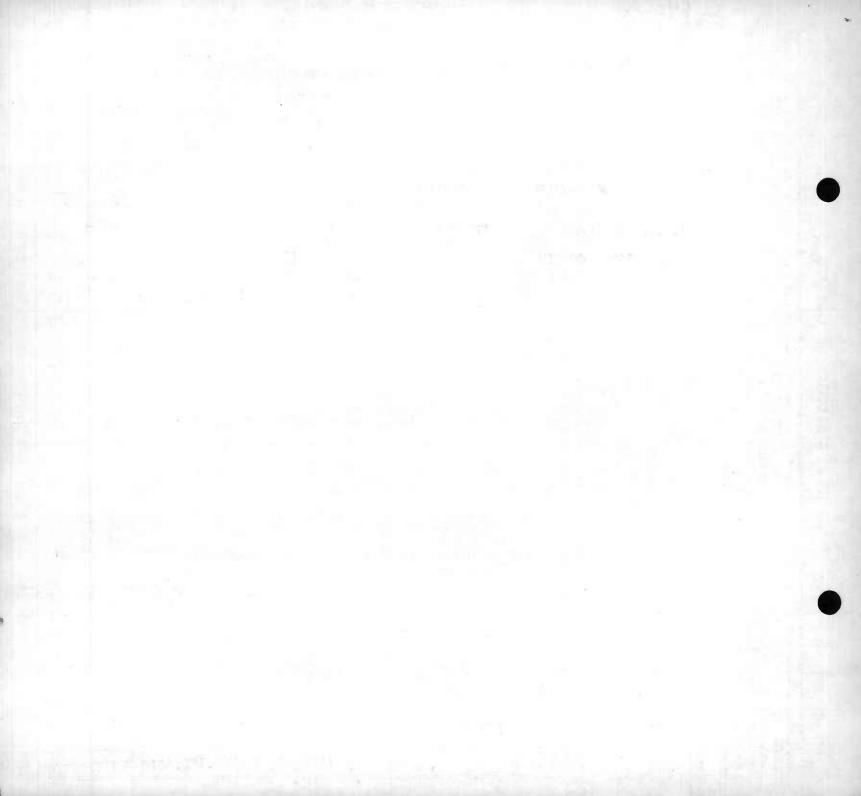
FUNERAL

VS 150-REV. 1/1/65

letter from Sinai Hospital /sgin/ signed by Evelyn M. Carter. Medical Records.

8/16/65 C. Bowens

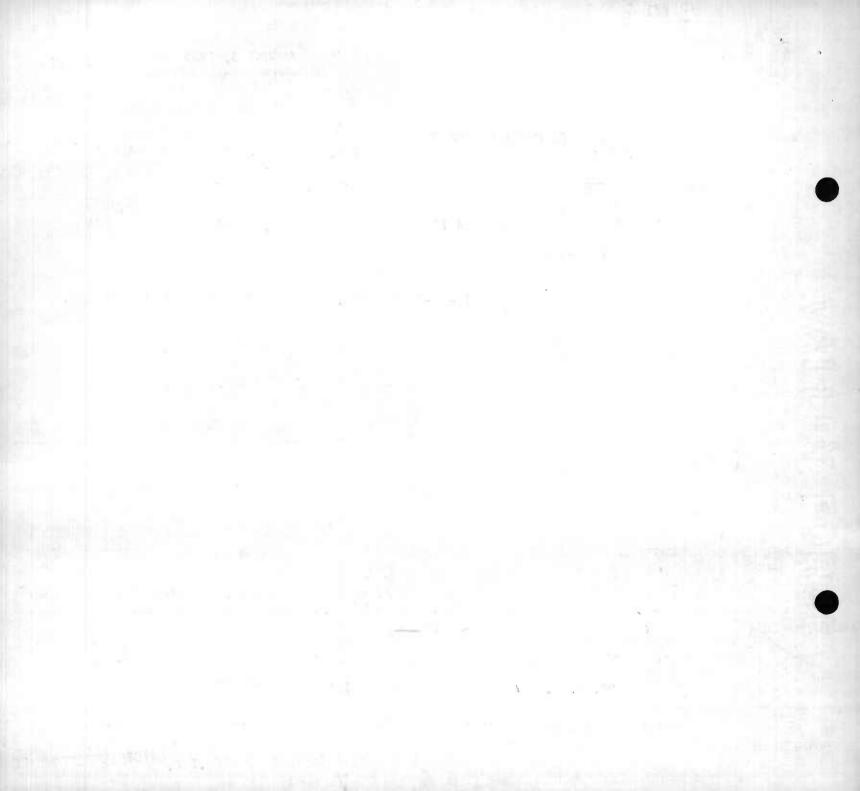
C 640 05 0420	BALTIMORE CITY	HEALTH DEPARTMENT	0.00
BIRTH NO. 65 8136	CERTIFICA	TE OF DEATH Register	red No. 55 8136
M.E. CASE NO.  1. NAME OF DECEASED		2. DATE AND HOUR OF	DEATH.
(Tune or Print)	1		
Charlow, 20	phie	4 Aug 6.	
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	•	A. STATE B. COUNTY	ved. If institution: residence before odmission)
FULL NAME OF (If not in hospital or instit	ution, give street	MARYLAND	77-20
HOSPITAL OR oddress or locotion) INSTITUTION			s, write RURAL and give township)
SINAL HOSP OF BALT	TO TAIC	BALTIMORE	
31/0A1 11031 01 PITE	1 +10-1	D. STREET ADDRESS (If rurol, give loc	otion)
		3901 LABYRINTH RO	AD
SEX 6. RACE 7. MA	RRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In ye	eors   If Under 1 Yr. , If Under 24 Hrs.
-EMALE WHITE	ARRIED ARRIED	11/20/1892 lost birthdoys	Months Doys Hours Min.
OA, USUAL OCCUPATION (Give kind of work 10B, KII one during most of working life, even if retired)	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Rother of HAM	AT HOUE	Balto, und	USA
3. FATHER'S NAME	AT HOME	14. MOTHER'S MAIDEN NAME	V-21
JAMES COPLIN		LENA ?	
			-/
5. Was Deceased Ever in U. S. Armed Forces? Tes, no ar unknown) (If yes, give war or dates of ser	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
NO NO	SECONIII NO.	Harry M. WALE	N MD
18 / V	CAUSE O		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY			ONSET AND DEATH
LEADING TO DEATH	Ro	spension, arrest	
(This daes not mean the made of dying,		There tory dires.	7 211 1
heart failure, asthenia, etc. It means the dis	sease,		, \ 34 days
injury or complication which coused death.)	Cen	ebral vascular accid.	oust 1 J
ANTECEDENT CAUSES	(B) Cen		
DISEASES OR CONDITIONS, if any,		brioscleroria & hus	No L
rise to the above cause (A) stating UNDERLYING CONDITION last.	the (C) UC	ourcerons & mys	extension un known
		Q1	
THE SCHIELDANT CONDITIONS CONTRIGUE	HTING		
OTHER SIGNIFICANT CONDITIONS CONTRIES TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	O THE UNIN ar	y tract infection	A
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES IN CERTIFY	, WERE FINDINGS CONSIDERED ING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., in home, form, foctory, street, of		Boltimore City, give exact location!
DEATH (notify medical examined	etc.)		
21D. TIME (Month) (Doy) (Year) (Hour	21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR	
S OI HAJORI	While At Not While		
(APPROX.)	Work At Work		-1-1
22. I certify that (I) this hospital atten	ded the deceased from 6	30/65 to	8/4/ 1963
tha (I)(we) lost saw the deceased alive	1		our) opinion death accurred on the dat
and hour and from the causes stated abo	- ' /.		F Seconou on the dat
	And Gara Hot) A	lew the body offer deoth.	DATE SIGNED
23A. SIGNATURE		Adad — Com	23B DATE SIGNED
Harm My	Nelen M.D. After Phys	ending Med. Stoff Phys. Stoff	4 Aug 65
23C. PHYSICIAN'S NAME (Typel	1	23D. ADDRESS	, 3
	IAIEN M.D.	5356 Carriace	14 10-14 411
HARRY M. UL	771	41114)	C11 32 146, 1914
REMOVAL (Specify)	ATTO CHATH	BALTIMOR BALTIMOR	RE MARYLAND (State)
BURTAL 8/5/65	AITZ CHAIM	DALITMUR	L WAY LAVO
SA. DATE REC'D BY HEALTH DEPT. 258. N.	AME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
AUG 6 1965 A.D. 1	48. Farbura	SOL LEVINSON & BROS. 1	INC.6010 REISTERSTOWN R
\$ 150-REV. 1/1/65	1 41 14 14 1	7 6 7 9	THE RESIDENCE
		7 7	



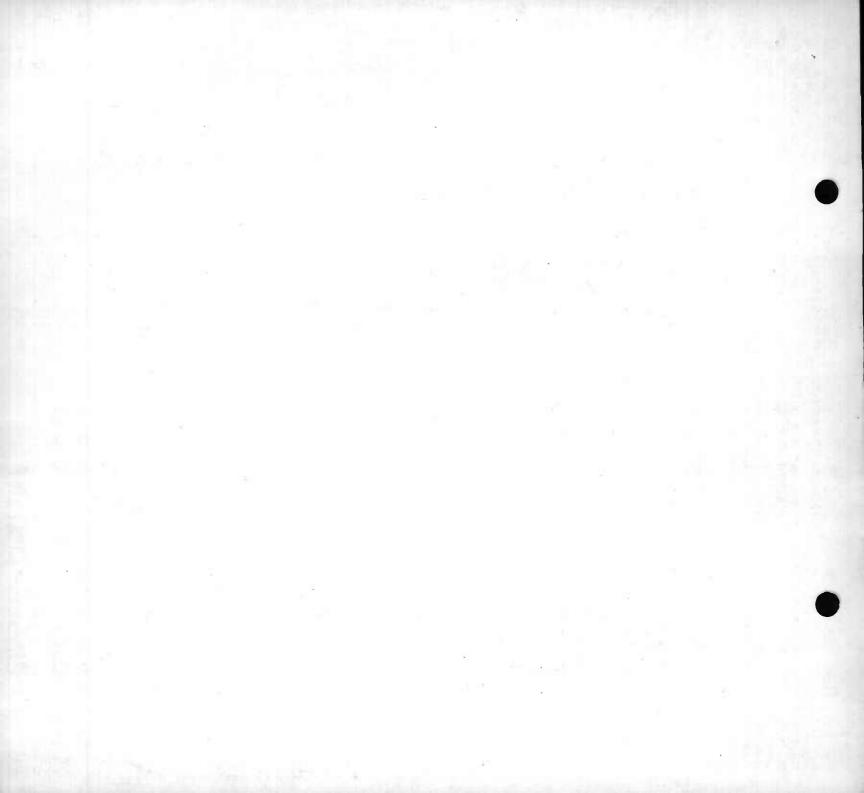
VS 150-REV. 1/1/65

and

812	20		BALTIMORE CITY	HEALTH DEPARTMENT		05 0490
BIRTH NO.	65 8137		CERTIFICA	TE OF DEATH	Registered No.	- <del>53 8137</del>
M.E. CASE NO.  I, NAME OF DE Type or Print)		1111 0 1111	05		AND HOUR OF DEATH	4
		WK SAVA	lGt		IST 3, 1965	5 A.
FULL NAME HOSPITAL OF INSTITUTION	R oddiess oi locotic	or institution, on)		A. USUAL RESIDENCE (VA. STATE B. COMARY LAND  C. CITY OR TOWN (IF BALTIMORE	UNTY	RURAL ond give township)
0	1203 NORTH APT 1E	CHARLES	STREET	D. STREET ADDRESS	(If rusol, give location) CHARLES STREE	ET APT 1E
MALE	6. RACE WHITE	WIDOWE	O, NEVER MARRIED  ED, DIVORCED (specify)  VER MARRIED	B. DATE OF BIRTH 5/30/1895	9. AGE (In years lost birthdoy)	If Under 1 Yı. If Under 24 Hıs Months Doys Hours Min.
done during most o	of working life, even if retired)  NAGER		SAVA TIRE CO	BALTIMORE	MARYLAND	12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NA	CHARLES SAVA	<b>IGE</b>		14. MOTHER'S MAIDEN I	?	
5. Was Decease Yes, no or unknow	ed Ever in U. S. Armed Fa vn) (If yes, give wor or dot	es of service)	16. SOCIAL SECURITY NO. 216-05-7469	MRS. HARRY BE	EATV 0404 I	ADDRESS VIOLET AVENUE
18. And 1	A 1 :		CAUSE 0		ATY 2000 V	INTERVAL BETWEEN
rise la l UNDERLYIN	ANTECEDENT CAUSES OR CONDITIONS, if he above cause (A) NG CONDITION last.  II  NIFICANT CONDITIONS (DEATH BUT NOT REL	any, giving stating the	(C)	8		7
	OF OPERATION 198. CON WAS PER		WHICH OPERATION	20 A. AUTOPSY? (Yes or		FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIE	ENT WAS UNDERLYING DUTING CAUSE OF ly medical examiner	21 hos	me, form, foctory, sticet, o	or obout 21 C. WHERE DID	(If in Boltimo	ore City, give exact location)
21D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)	w	E. INJURY OCCURRED  hile At Not While At Work		NJURY OCCUR?	
that (I) (we	A	ed olive on.	ang 2	19 6ond		3 19 6 J
23A, SIGNA	S. Frida	m	Phy		Stolf Phy s.	23B. DATE SIGNED
23C. PHYSICI NAME	DR. H. P.	FREEDM	M.D.		STREET	
REMOVAL BURIA	(Specify) 8/4/65		LATIMORE HEBREW		BALTIMORE	MARY LAND (Stote)
	G 6 1965 R		OF BEGISTRAR	SOL LEVINSON	N & BROS. INC.	6010 REISTERSTOWN R



BIRTH NO. 65 81.38			01 0100
O LOC	CERTIFICATE OF D	PEATH Registered No	55 8138
M.E. CASE NO.  1. NAME OF DECEASED		2. DATE AND HOUR OF DEATH	
(Type or Print) Sadie NYN	Pasa tohkol	4 8-5-105	5 25/2 4
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RES	IDENCE (Where deceosed fived. If ins	litution: residence before admission)
	A. STATE	B. COUNTY	2221
FULL NAME OF (If nat in haspitol ar institution, given the hospital or oddress or location)		OWN (If outside city limits, write R	URAL and give township)
Institution The Hospital Fe		1+.	
	D. STREET AD	DRESS (If rurol, give locotion)	
Women of Md.	38	01 Fordleye	A Rd.
5. SEX 6. RACE 7. MARRIED, N	EVER MARRIED DIVORCED (specify) 8. DATE OF BI	RTH 9. AGE (In years)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
-La. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	3-27	- 18-93	Total Total
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF B		E (State or foreign country)	12. CITIZEN OF
done during most of working life, even if retired)	Home Man	and d	WHAT COUNTRY?
13. FATHER'S NAME		MAIDEN NAME	u.s.7.
T- 1 Ness / 1-11	+ . D		1
FREE MATTY Wallen	siein Da	umgarten	CARRIE
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)	SECURITY NO. 17. INFORMAN	1	ADDRESS
unknown	unknown to	itients cha	RT
18. 2160 Y	CAUSE OF DEATH	,	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	rughued	theset secondary	ONSET AND DEATH
LEADING TO DEATH	(A) Myourde	al Infacciois	& days
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. 11 means the disease,	DUE TO		
injury ar camplication which caused death.)	lune to		N SERVICE FOR
ANTECEDENT CAUSES	DUE TO		
DISEASES OR CONDITIONS, if any, giving	destelli	marllit.	
rise to the above couse (A) stating the UNDERLYING CONDITION last.	(C)		******
Z COMPANIENT			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
() 101			
198. CONDITION FOR WH	ICH OPERATION 20 A. AUTOI	PSY? (Yes or No.) 208. IF YES, WERE F	INDINGS CONSIDERED
WAS PERFORMED	ge	S IN CERTIFYING CAL	SES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PL	ACE OF INJURY (e.g., in or obout 2 VC.	S IN CERTIFYING CAL	INDINGS CONSIDERED USES OF DEATH? City, give exoct locotion)
U 21A. ACCIDENT WAS UNDERLYING 21B. PL	ge	S IN CERTIFYING CAL	SES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21B. PL home, etc.)	ACE OF INJURY (e.g., in or obout 2 VC. form, foctory, street, office bldg., INJU	S IN CERTIFYING CAL	SES OF DEATH?
OR CONTRIBUTING CAUSE OF Home, etc.)  21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, IN While	ACE OF INJURY (e.g., in or obout 27C.) form, foctory, street, office bldg., 14JJU  JURY OCCURRED  At Not While	S IN CERTIFYING CAL	SES OF DEATH?
OR CONTRIBUTING CAUSE OF home, etc.)  DEATH (notify medical examiner)  21 D. TIME (Month) (Doy) (Year) (Hour) 21E. IN OF INJURY (APPROX.)  While Work	ACE OF INJURY (e.g., in or obout 2/C. form, foctory, street, office bldg., FNJU  JURY OCCURRED  At   Not While   At Work	S IN CERTIFYING CAL	SES OF DEATH?  City, give exoct locotion)
21A. ACCIDENT WAS UNDERLYING   OR CONTRIBUTING   CAUSE OF home, etc.)  DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Hour) 21E. IN While Work  22. I certify that (I) (this hospital) attended the	ACE OF INJURY (e.g., in or obout 2/C. form, foctory, street, office bldg., FNJU  JURY OCCURRED  At   Not While   At Work	S IN CERTIFYING CALL WHERE DID RY OCCUR?  HOW DID INJURY OCCUR?	City, give exoct locotion)
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF home, etc.)  DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Hourl 21E, IN While Work)  VERY (APPROX.)  While work  22. I certify that (I) (this hospital) attended the that (I) (we) lost sow the deceased alive an	ACE OF INJURY (e.g., in or obout 2VC.) form, foctory, street, office bldg., 1NJU  IJURY OCCURRED  At   Not While   At Work  deceased from   1965	S WHERE DID RY OCCUR?  HOW DID INJURY OCCUR?  19 5 to	SES OF DEATH?  City, give exoct locotion)
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF home, etc.)  DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) (Hourl OF INJURY (APPROX.)  While Work  22. I certify that (I) (this hospital) attended the that (I) (we) lost sow the deceased alive an	ACE OF INJURY (e.g., in or obout 2VC.) form, foctory, street, office bldg., 1NJU  IJURY OCCURRED  At   Not While   At Work  deceased from   1965	S WHERE DID RY OCCUR?  HOW DID INJURY OCCUR?  19 5 to	City, give exoct locotion)  - 5  ion death accurred on the date
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF home, etc.)  21D. TIME (Month) (Doy) (Year) (Hourl 21E, IN While Work)  22. I certify that (I) (this hospital) attended the that (I) (we) lost sow the deceased alive an	ACE OF INJURY (e.g., in or obout 27C.) form, foctory, street, office bldg., MJU  AT While At Work  deceased from 1965  We) (did) (did not) view the body	WHERE DID RY OCCUR?  HOW DID INJURY OCCUR?  19 5 to	ion death accurred on the date
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF Home, etc.)  DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Hour) 21E. In While Work  22. I certify that (I) (this haspital) attended the that (I) (we) lost saw the deceased alive an ond hour and from the causes stated above. (I) (23A. SIGNATURE)	ACE OF INJURY (e.g., in or about 2/C. form, factory, street, office bldg., WIJU  IJURY OCCURRED  At Not While At Work  deceased from 19 55  We) (did) (did not) view the body  Attending Phys.	S WHERE DID RY OCCUR?  HOW DID INJURY OCCUR?  19 5 to	City, give exoct locotion)  - 5  ion death accurred on the date
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF Home, etc.)  DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Hour) 21E. IN OF INJURY (APPROX.)  22. I certify that (I) (this hospital) attended the that (I) (we) lost sow the deceased alive an ond hour and from the causes stated above. (I) (23A. SIGNATURE)  23C. PHYSICIANS	ACE OF INJURY (e.g., in or obout 2/C. form, foctory, street, office bldg., WIJU  IJURY OCCURRED  At Not While At Work  deceased from 19 55  We) (did) (did not) view the body  M.D. Attending Phys.  23D. ADDRESS	WHERE DID RY OCCUR?  ON DID INJURY OCCUR?  19 5 10 10 10 10 10 10 10 10 10 10 10 10 10	ion death accurred on the date  23B, DATE SIGNED  P. S. '65
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF Home, etc.)  DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Hour) 21E. IN OF INJURY (APPROX.)  22. I certify that (I) (this hospital) attended the that (I) (we) lost sow the deceased alive an	ACE OF INJURY (e.g., in or obout 2/C. form, foctory, street, office bldg., WJU  IJURY OCCURRED  At Not While At Work  deceased from 19  We) (did) (did not) view the body  M.D. Attending Phys.  23D. ADDRESS	WHERE DID RY OCCUR?  ON DID INJURY OCCUR?  19 5 to opin after death.  Med. Director Phys.	ion death accurred on the date
21A. ACCIDENT WAS UNDERLYING   OR CONTRIBUTING   CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Hour)  21D. TIME (Month) (Doy) (Year) (Hour)  21E. IN While Work  22. I certify that (I) (this haspital) attended the that (I) (we) lost sow the deceased alive an ond hour and from the couses stated above. (I) (23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  4. T. VOORSTAD	ACE OF INJURY (e.g., in or obout 27C.) form, foctory, street, office bldg., MJU  IJURY OCCURRED  At Not While At Work  deceased from 1965  We) (aid) (did not) view the body  Low M.D. Attending Phys.  23D. ADDRESS  M.D. 6321	SWHERE DID RY OCCUR?  GOW DID INJURY OCCUR?  19 5 to	ion death accurred on the date  23B, DATE SIGNED  P. S. '65
21A. ACCIDENT WAS UNDERLYING   OR CONTRIBUTING   CAUSE OF home, etc.)  DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Hour) 21E. IN OF INJURY (APPROX.)  22. I certify that (I) (this hospital) attended the that (I) (we) lost sow the deceased alive an	ACE OF INJURY (e.g., in or obout 2/C. form, foctory, street, office bldg., FNJU  Not While At Work  deceased from 19 5  We) (did) (did not) view the body  M.D. Attending Phys.  23D. ADDRESS  M.D. 632/	SWHERE DID RY OCCUR?  GOW DID INJURY OCCUR?  19 5 to	ion death accurred on the dote  23B, DATE SIGNED  PLTIMORE
21A. ACCIDENT WAS UNDERLYING   OR CONTRIBUTING   CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Hour)  21D. TIME (Month) (Doy) (Year) (Hour)  21E. IN While Work  22. I certify that (I) (this haspital) attended the that (I) (we) lost sow the deceased alive an ond hour and from the couses stated above. (I) (23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  4. T. VOORSTAD	ACE OF INJURY (e.g., in or obout 2/C. form, foctory, street, office bldg., FNJU  Not While At Work  deceased from  19 55  We) (did) (did not) view the body  No. Attending Phys.  23D. ADDRESS  M.D. 6321  Re of CEMETERY or CREMATORY  Altimost Helsew	SWHERE DID RY OCCUR?  GOW DID INJURY OCCUR?  19 5 to	ion death accurred on the dote  23B, DATE SIGNED  PLTIMORE
21A. ACCIDENT WAS UNDERLYING   OR CONTRIBUTING   CAUSE OF   home, etc.)  DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Hour) 21E. IN While Work)  22. I certify that (I) (this hospital) attended the that (I) (we) lost sow the deceased alive an ond hour and from the couses stated above. (I) (23A. SIGNATURE)  23C. PHYSICIAN'S NAME (Type)  4. T. VOORSTAD  24A. BURIAL CREMATION, 24B. DATE 24C. NAM REMOYAL (Specify)  24B. DATE 24C. NAM REMOYAL (Specify)	ACE OF INJURY (e.g., in or obout 2/C. form, foctory, street, office bldg., FNJU  Not While At Work  deceased from  19 55  We) (did) (did not) view the body  No. Attending Phys.  23D. ADDRESS  M.D. 6321  Re of CEMETERY or CREMATORY  Altimost Helsew	S IN CERTIFYING CAL WHERE DID RY OCCUR?  HOW DID INJURY OCCUR?  19 55 to One of the control of t	ion death accurred on the dote  23B, DATE SIGNED  PLTIMORE



BALTIMORE CITY HEALTH DEPARTMENT

BIR	тн но. МЕД	ICAL EXAMINER'S C	ERTIFICATE OF	DEATH Register	ed No. DO Slo
M.	E. CASE NO.				
1. (Ť)	NAME OF DECEASED Print) PAUL	UMASKY		sust 4, 1965	8:10 P
	PLACE IN BALTIMORE, MARYLAND, W  LL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCA	HERE PRONOUNCED DEAD  AL OR INSTITUTION, GIVE STREET  TION)	Maryland		tution: residence before admission.
HC	STITUTION	(TION)	c. City or town (If outside Baltimore		2.7-18
0	Sinai Hospital		D. STREET ADDRESS (If rurol, 5343 Gist		
M	ale Caucasian	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify) MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthdny) 58	Months Doys Hours Min.
dor	A. USUAL OCCUPATION (Give kind of work the during most of working life, even if retired)  MANAGER	MEAT	RUSSIA		12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME BENJAMIN UMANS	VV.	14. MOTHER'S MAIDEN NAM	?	
15. (Ye	WAS DECEASED EVER IN U.S. ARMED s, no p unknown) (If yes, give wor or dote	FORCES? 16 SOCIAL	MRS. PEARL UMANS	SKY 5343 GI	ADDRESS ST AVENUE
TION	DISEASE OR CONDITION DIE LEADING TO DEATH  (This does not meen the mode of heart failure, asthenia, etc. It means injury or complication which coused of  ANTECENDENT CAUSE DISEASES OR CONDITIONS, IF A RISE TO THE ABOVE CAUSE (A) ST UNDERLYING CONDITION LAST.	dying e.g., the disease, deoth.)  S  (A) Arteri  DUE TO  (B) (B) (DUE TO)	iosclerotic Cardi	ovascular Di	sease.
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING	LATED TO THE			
٠.	WAS PERF		Yes Yes	IN CERTIFYING CAUSI	es of DEATH? Yes
MEDICAL	21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-	21B. PLACE OF INJURY (e.g., home, form, factory, street, etc.)	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore City, giv	e exact location)
2	21 D TIME (Month) (Doy) (Year OF INJURY (APPROX.)	SERVICE SERVIC	WHILE ORK	JRY OCCUR?	
				is bosis, death in my	
	ACTUAL Notural cou		CHIEF MEDICAL EX		DATE SIGNED
	EXAMINER'S NAME (Type) Charl	les S. Petry, M.D.	ASSOCIATE MEDICAL EX	r-	8/5/65

23A. BURIAL CREMATION, 23B. DATE REMOVAL (Specify) 8/6/ 8/6/65

CHIZUK AMUNO

23C. NAME OF CEMETERY OF CREMATORY

BALTIMORE, MARYLAND

(City, town, or county)

1965 Robert E. Farbey MA 24A. DATE REC'D BY HEALTH DEPT.

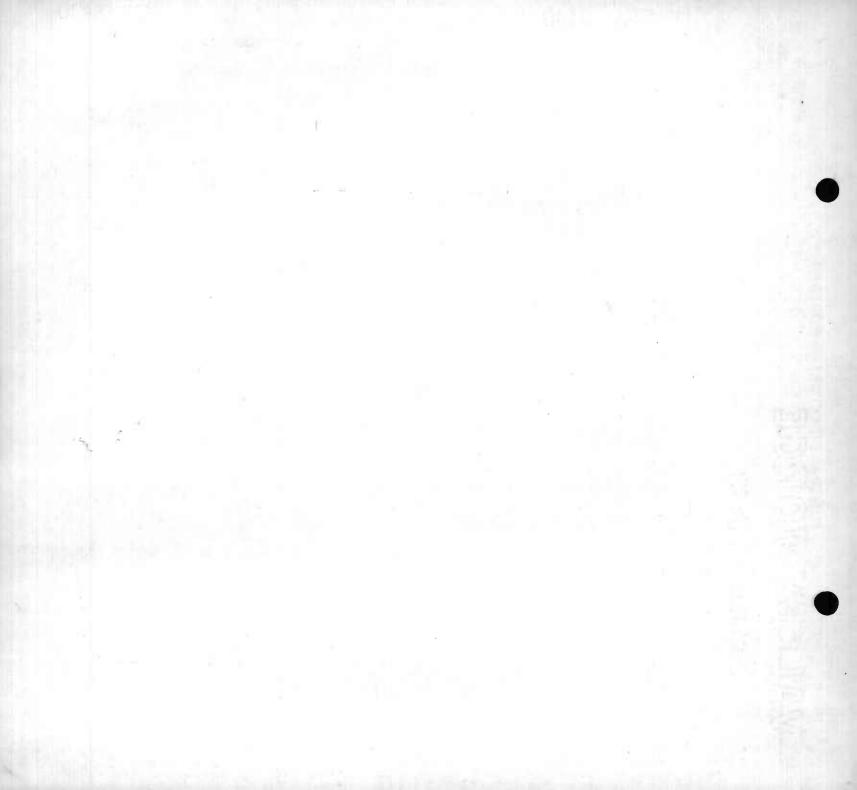
ADDRESS 24C. FUNERAL DIRECTOR SOL LEVINSON & BROS. INC. 6010 REISTERSTOWN

23D. LOCATION

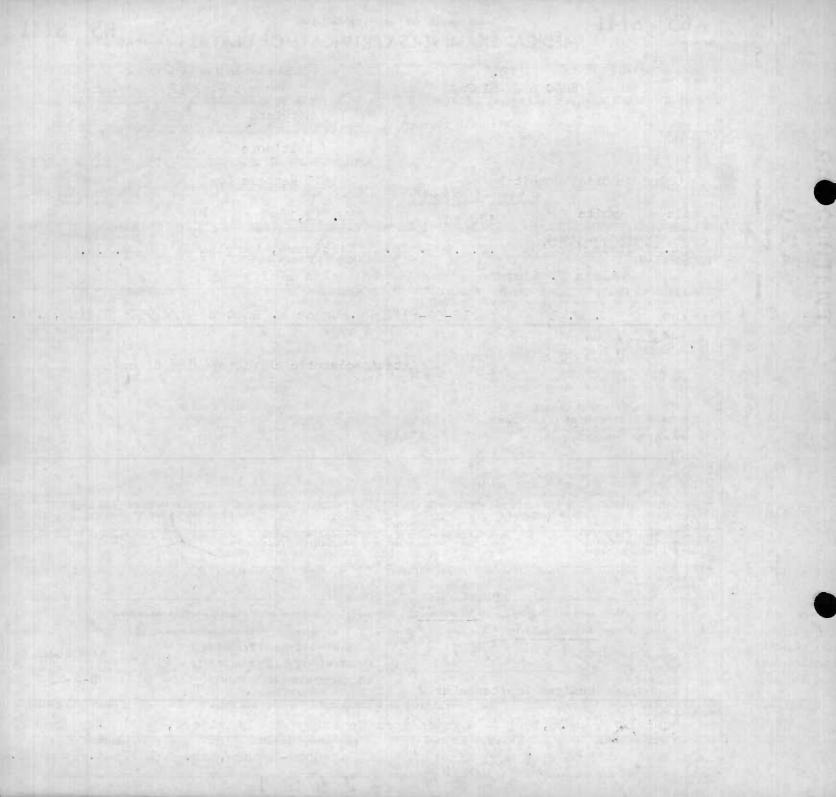
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THE STATE OF THE PARTY OF THE P THE TAIN THE PARTY THE PARTY IN THE PARTY IN CHARLES CONTRACTOR OF THE PARTY THE PROPERTY AND AND ADDRESS OF THE PARTY AND

		7 011	^	BALTIMORE CIT	Y HEALTH DEPARTMEN	T .	05 9140	
		5 814	U	CERTIFICA	ATE OF DEATH	Registered No	. 65 8140	
1. N	CASE NO.	SED			2. DATI	AND HOUR OF DEAT	ТН	
	e or Print)	rnest	6	ardner	8	-5-65	1 8:45	AM
3. P	LACE OF DEATH	IN BALTIMORE,	MARYLAND		4. USUAL RESIDENCE ( A. STATE B. C	Where deceased lived. I	f institution: residence before odm	ission)
F	ULL NAME OF	(If not in hospi	tol or instituti	on, give street	MARVIAND		14-0	3
H	STITUTION	oddress or loca	otion)	11	C. CITY OR TOWN	f outside city limits, wri	te RURAL and give township)	
>	)	ohns Ho	opkir	s Hospital	BALTIMORE			
5			0		D. STREET ADDRESS	(If rurol, give location)		
5. S	EV I4	RACE	7 AAADD	IED, NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 2	A Hee
. 3	M	N	WIDO	WED, DIVORCED (specify)		lost birthdoy)	Months Doys Hours	Min.
10A.				OF BUSINESS OR INDUSTR	10-17-02 Y 11. BIRTHPLACE (State of		12. CITIZEN OF	
		king tife, even if retire			× 0		WHAT COUNTRY?	
12	FATHER'S NAME				14. MOTHER'S MAIDEN	NAME	0.0,4	
130	AINERS NAME				- MUTHER S MAIDEN	IN WINE		
	HENRY GA	RDNER			EMMA SUTTO	N		
Yes	, no or unknown) (If	er in U. S. Armed yes, give wor or	dotes of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT	4	4 Brookly a	ko
	AES	WW	2	214.44-4691	James W. It	irdner 341	Later and	93
	18. 199.2	1		CAUSE	OF DEATH		INTERVAL BETWEE	
		OR CONDITION		0.1				0
	(This does not	mean the made	of dying,	e.g., DUE TO	lenocarem	oma	Server C	24 Hrs. Min.
		thenia, etc. If med cation which caus		ase,				
		TECEDENT CAU		(B)			~~~~~~~~ <del>~</del>	
	DISEASES OR	CONDITIONS,	if any, giv	vina				
	rise to the	abave cause (		the (C)				
	ONDERLING (	LA INDITION IDSI,						
NC		ANT CONDITIONS						
ATION		TH BUT NOT R		THE				
	19A. DATE OF O	PERATION 198. C	ONDITION FO	OR WHICH OPERATION	20 A. AUTOPSY? (Yes	IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?	
ERT	214 46600017			DIR BLACE OF INTERNAL	165		No	
	OR CONTRIBUTIO	WAS UNDERLYING	3	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	office bldg., INJURY OCCU	R?	note City, give exact location)	
U	DEATH (notify m							
	OF INJURY	Month) (Doy) (Ye	eor) (Hour)	21E. INJURY OCCURRED While At Not Wh		INJURY OCCUR?		
-	(APPROX)			Work At Work				
		Disputing the last of the last		ed the deceased from	July 21	19 5 to 9	ngust 5 19	65
	that (I) (we) la	st sow the dece	ased alive	on august	5 19 65 on	d that in (my) (our) a	opinian deoth occurred on th	e dot
	ond hour ond fo	rom the couses :	stated above	e. (1) (We) (did) (did nat)				
	23A. SIGNATURE						23B, DATE SIGNED	
	2)	comos	m.		ys. Med. Director	Stoff Phys.	8-5-65	
	23C. PHYSICIAN'S	S		00	23D. ADDRESS			
		thoma	M	1. 2121C M.D	Johns	tlopt inc	Horrital	
24 A	BURIAL CREMA	ATION, 24B, DATE	240	C. NAME of CEMETERY OF C	REMATORY 24	DILOCATION	(City, town, or county) (	itote)
	Bural	aug q	-65	Brown Hill	am.	Greamaille 7	1.6.	
25A	. DATE REC'D BY		258. NAA	ME OF REGISTRAR	250 FUNERAL DIRE	CTOR	ADDRESS	
	AUG	6 1965 (	Robert	E tarber M. M	Typ X. Kelsi	m,1348 Mi Ca	Chows &C	
-	160 BEV 1/1/65	-						

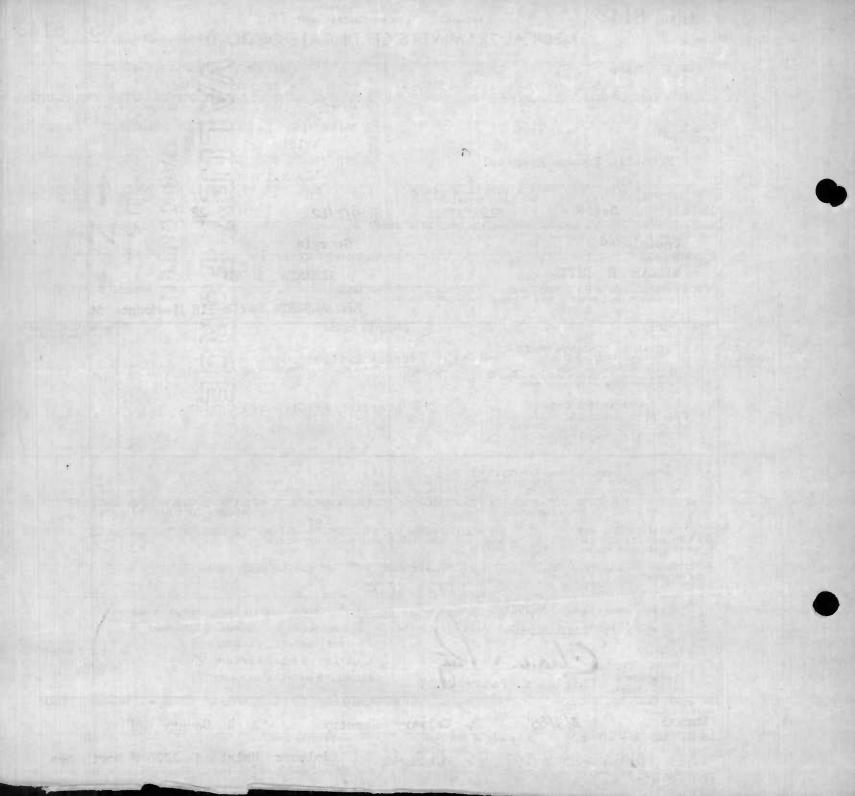


BIRTH NO.	MED	ICAL EX	CAMINER 3 CI	EKTIFICA	IE OF L	EAIH Regist	ered Na	
M.E. CASE NO.								
1. NAME OF DEC	EASED	D.	10011			HOUR PRONOUNG	CED DEAD	
2 BLACE IN SALTI		CLETT SI		TA DELLAS RECE		st 4, 1965	414.41	8:45 a M.
3. PLACE IN BALII	MORE, MARYLAND, W	HERE PRONO	JNCED DEAD	A STATE	aryland	B. CO	UNTY	sidence before odmission)
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	JTION, GIVE STREET		,	corporate limits, wri	te RURAL	ond give township)
NSTITUTION	ADDRESS ON LOCA	4110147		B	altimore	2		
				D. STREET ADD				
Union	Memorial Hos	snital		3611	Rexmere	Road		
	6. RACE	7. MARRIED,	NEVER MARRIED	8. DATE OF BIRT		9. AGE (In years	If Unde	er 1 Yr. If Under 24 Hrs.
male	white		DIVORCED (specify)	Feb. 12	1895	70	Monms	Doys Hours Min.
	PATION (Give kind of wor	k TOB. KIND OF	BUSINESS OR INDUSTRY	II. BIRTHPLACE	(Stote or foreign	country)		ZEN OF
	orking life, even if retired) Claims(Ret	A) II 9	S.F.& G. Co.	Baltim	ore, Ma	rvland	W 100	AT COUNTRY?
3. FATHER'S NAM		μ/ 0	J.1. a d. 00.	14. MOTHER'S M	AIDEN NAME	J Zwiid		. ~
	Wilson N.	Simpson	1	Ida	BRuffy			
	EVER IN U.S. ARMET		16. SO CIAL SECURITY NO.	17. INFORMANT			ADDRES	S
Yes	(If yes, give wor or dote W. W. 1	es of services	215-07-8182	Dr. Eugen	e E. Hu	tton Box	512	Elkins, W. Va
1B. /				OF DEATH			72.0	INTERVAL BETWEEN
700								ONSET AND DEATH
DISEAS	E OR CONDITION DI LEADING TO DEATH	KECILT	A			iovascular	22	
DISEASES OF THE UNDERLYIN	NTECENDENT CAUS OR CONDITIONS, IF A BOVE CAUSE (A) S G CONDITION LAST.	ANY, GIVING	(8) DUE TO					
O THE	II  IIFICANT CONDITIONS DEATH BUT NOT RE CONDITION CAUSING	LATED TO T						
19A. DATE OF	OPERATION 198. CON WAS PER	IDITION FOR	WHICH OPERATION	20A. AUTOPSY		20B. IF YES, WERE F		
21A. EXTERNAL UNDERLYING CAUS	OR CONTRIB-	21 B, hame etc.)	PLACE OF INJURY (e.g., , farm, foctory, street,	in or about 21C. Voiffice bldg., INJURY	WHERE DID ()	If in Boltimore City,	give exoct	locotion)
OF INJURY	(Month) (Doy) (Yea		WHILE AT NOT AT W	WHILE 21F. HO	OW DID INJU	RY O CCUR?		
22.	ify that I held an				d that an this	s basis, death In	my apinio	an
result	ed fram: Natural ca	uses X	ccident Suicid	e Hamici	de U	ndetermined man	ner 🗌	
ACTUAL SIGNATU		resti	whit "	CHIEF M	EDICAL EX			DATE SIGNED
EXAMINI NAME (T	ER'S	r Breite		ASSOCIATE M				<b>8-</b> 4-65
23A. BURIAL CREA	AATION, 23B. DATE		C. NAME of CEMETERY	CREMATORY	23 D. LC	CATION (Cit	y, town, or	county) (Stote)
REMOVAL (Specify) Buria		1965	Loudon Parl	k Cemeter	y	Baltimore,		Maryland
24A. DATE REC'D	BY HEALTH DEPT.		OF REGISTRAR	24C. FUNER	AL DIRECTOR			ADDRESS
AUG	8 1965 G	obert &	. Farley M.A	Wm Co	ok-Broo	oks, Inc.	1217	St. Paul S
VS 151-REV. 1/1/6	5	3 6	and have	1 7 15	5 /			

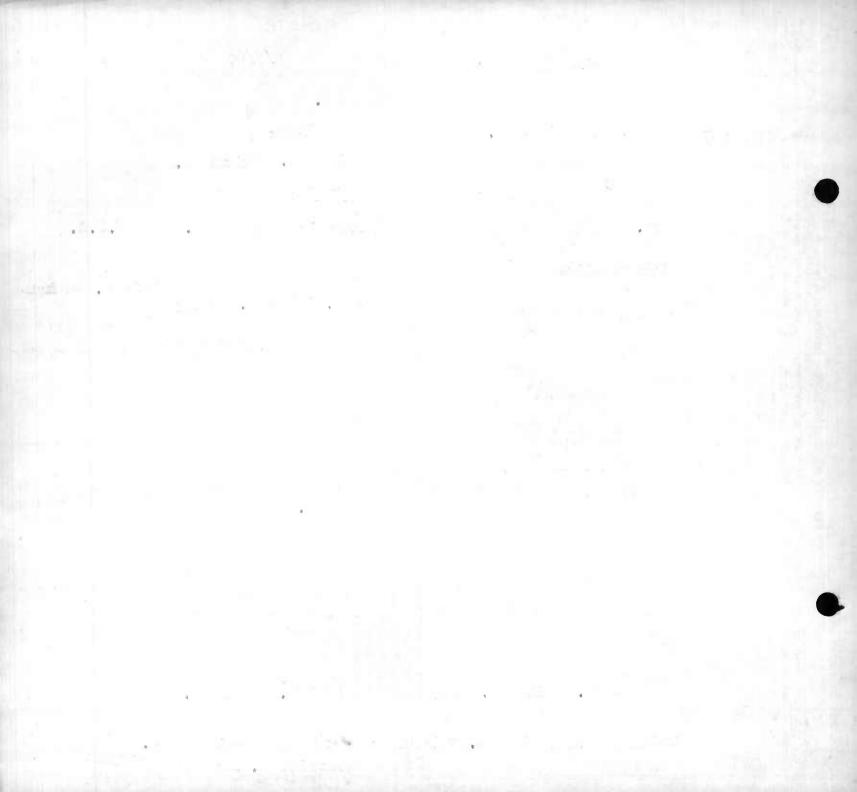


65 8142

1	65 8142 BALTIMORE CITY HE	ALTH DEPARTMENT					
9120		CERTIFICATE OF DEATH Registered No. 65 8142					
120	M.E. CASE NO.  1. NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD					
	SOLOMON DAVIS	August 4, 1965 12:50 P M.					
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission					
	EINT NAME OF THE NOT IN HOSPITAL OR INSTITUTION CIVE STREET	A. STATE Maryland B. COUNTY 19-02					
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  Baltimore  D. STREET ADDRESS (If rural, give location)  118 N. Mount Street					
3	Franklin Square Hospital						
	5. SEX   6. RACE   7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years   If Under 1 Yr, If Under 24 Hrs					
	Male Negro SEPARATED	9/1/42   lost birthday!   Months, Days, Hours, Min.					
	to A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUST done during most of working life even if refired)  Unemployed	Georgia WHAT COUNTRY? U S A					
	WILLIE R DAVIS	14. MOTHER'S MAIDEN NAME ALBERTA RODES					
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no grunknown) (If yes, give wor or dotes of service) SECURITY NO.	17. INFORMANT ADDRESS					
		MRS ALBERTA DAVIS 118 N Mount St					
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meon the mode of dying e.g., heart foilure, asthenia, etc. It means the disease, DUE TO	SE OF DEATH  Cus Epilepticus  INTERVAL BETWEEN ONSET AND DEATH					
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	earring of Cerebral Cortex.					
The same of the sa	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
	DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
	ZIA. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-	Yes Yes p, in or about 21C, WHERE DID (If in Baltimare City, give exact location) affice bidg., INJURY OCCUR?					
	21D TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED OF INJURY (APPROX.)	T WHILE					
	22.	work ond that on this bosis, death in my opinion					
	_ / + _	ide Homicide Undetermined monner					
	SIGNATURE Charles States M.	D. ASSISTANT MEDICAL EXAMINER   8/5/65					
	EXAMINER'S Charles S. Petty, M.D.	ASSOCIATE MEDICAL EXAMINER					
	23A. BURIAL CREMATION, REMOVAL (Specify) 8/9/65 Mt. Calvary						
	24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS					
	AUG 6 1965 Robert E, Farburn	Adolphus Halstead 1206 W North Ave					
	VS 151-REV. 1/1/65						

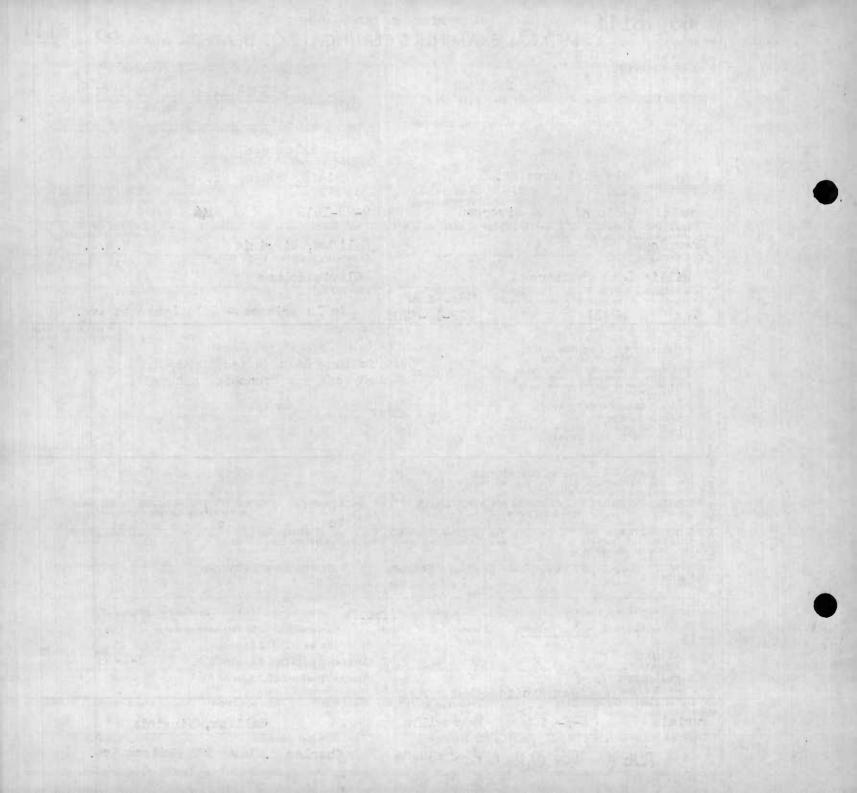


BALTIMORE CITY HEALTH DEPARTMENT

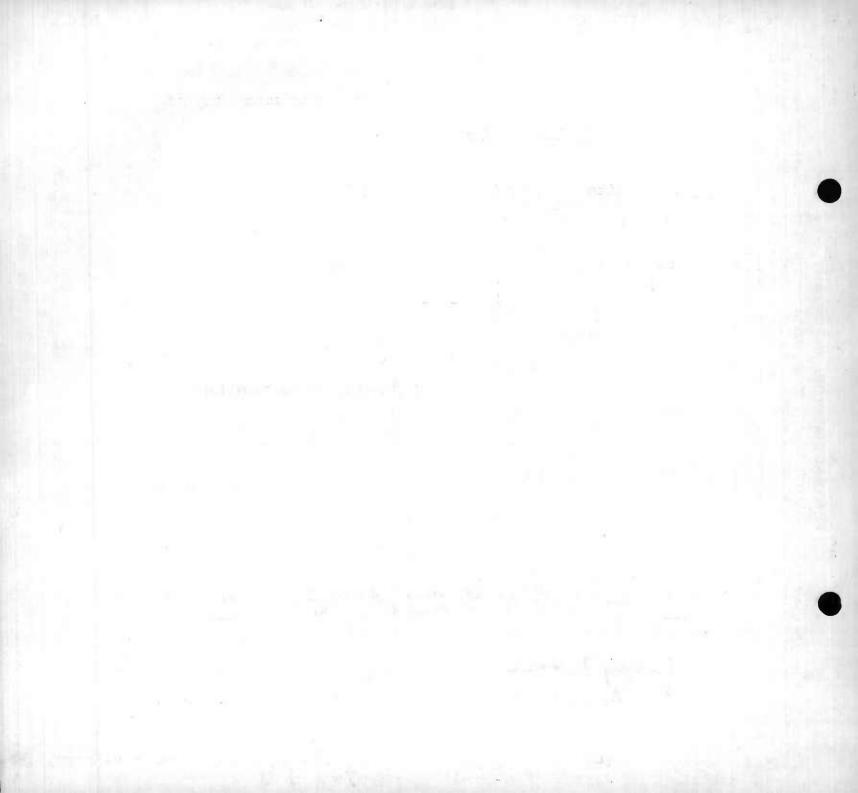


	TH NO. E. CASE NO.	WEDI	ICAL EX	CAMINER'S CE	RIIFICA	IE OF	DEATH Registe	red No	,,,				
1. (Ty	T. NAME OF DECEASED (Type or Print)  MAJOR CHAMBERS  3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD					August 4, 1965   8:30 a M							
3.						A. STATE  B. COUNTY  B. COUNTY							
HC	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)					Maryland  C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)							
IN:	NOITUTION				P P	Baltimor							
					D. STREET ADI								
824 N. Monroe St.					824 N. Monroe St.								
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specily)					DATE OF BIRTH 9. AGE (In years   11 Under 1 Yr.   Months, Doys					er 24 Hr			
male   colored		Divorced		9-23-19		.46							
don	a during most of	working life, even if retired)	TOB. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITI. WH.				OF COUNTRY?				
	Inemploy					, Virgin		U.	S. A.				
10.					14. MOTHER'S MAIDEN NAME								
Willie Less Chambers 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 116. SOCIAL					Olivia Holmes 17. INFORMANT ADDRESS								
(Ye	s, no ar unknown	(If yes, give war or date	s of service)	SECURITY NO.			om - 2615 La		Arro				
	Yes	WW LI		228-10-5208		a urranc	m - zor) La		INTERVAL BE				
	0 2	7./ 1		CAUSE	OF DEATH				ONSET AND				
	DISEA	SE OR CONDITION DIE	RECTLY	Chmom	da 1a	1	/ 1						
	(This does	nat mean the made of astherio, etc. It means	dying, e.g.,				(pulmonary		••••••				
	injuty or co	mplication which caused a	deoth.)	en	pnysema	and bro	nchial asthm	a)					
	A	ANTECENDENT CAUSE	S	(0)		25							
	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE												
7	UNDERLYING CONDITION LAST.												
9													
CERTIFICATION	TO THE	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.											
ERT	1	OPERATION 198. CON	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS C										
O	WAS PERFORMED				Yes Yes Yes				ATH?				
3	21 A. EXTERNA UNDERLYING	L CAUSE WAS OR CONTRIB-	fice bldg. INJUI	WHERE DID	(If in Boltimore City, gi-	ve exoct loc	otion)						
MEDIC	UTING CAUSE OF DEATH.   home, form, foctory, street, office bldg., INJURY OCCUR?												
2	21 D TIME OF INJURY												
	(APPROX.)	WHILE AT NOT WHILE AT NOT WHILE AT WORK											
	22.	tify that I held on I			nsv X	nd that on th	is hosis death in m	v opinion	term.				
		1 certify that I held on Inquiry Inspection Autopsy X and that on this basis, death in my opinion resulted from: National Couses X Accident Suicide Hamicide Undetermined monner											
	1030.	1/1/	1	Joseph Joseph		MEDICAL EX							
	SIGNAT		erth	ulde M.D.	ASSISTANT A			8-4-	65 CE SIC	SNED			
7	EXAMIN NAME (		Breitene	cker	ASSOCIATE	MEDICAL E	XAMINER						
	BURIAL CRE	MATION, 238, DATE	23	C. NAME OF CEMETERY OF	CREMATORY	23 D. L	OCATION (City,	town, or co	ounty) (	(Stote)			
	Burial	8-8-65		Meadsville		Ha	lifax, Virgi	inia					
24/	A. DATE REC'D	BY HEALTH DEPT.		OF REGISTRAR		RAL DIRECTOR		AL	DDRESS				
	A	UG 6 1965 (	Robert	E. FarleyMa	Char	les R.	Law 802 Mad	ison A	ive.				
VS	151-REV. 1/1/		1 14	4 5 0 1	0 7	. 1	A CONTRACTOR OF THE PARTY OF TH						

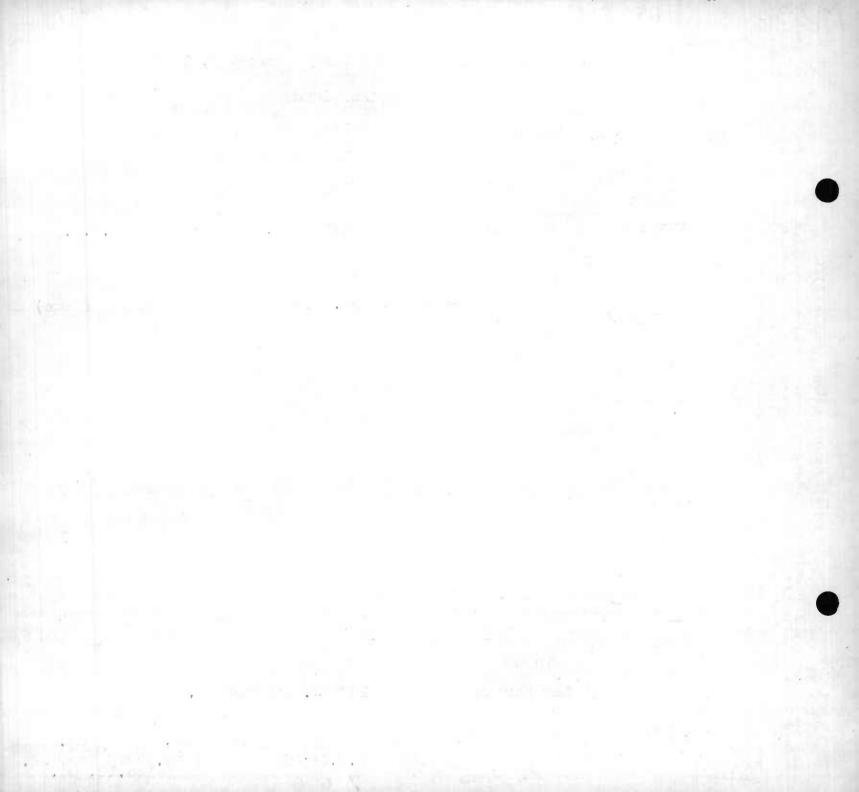
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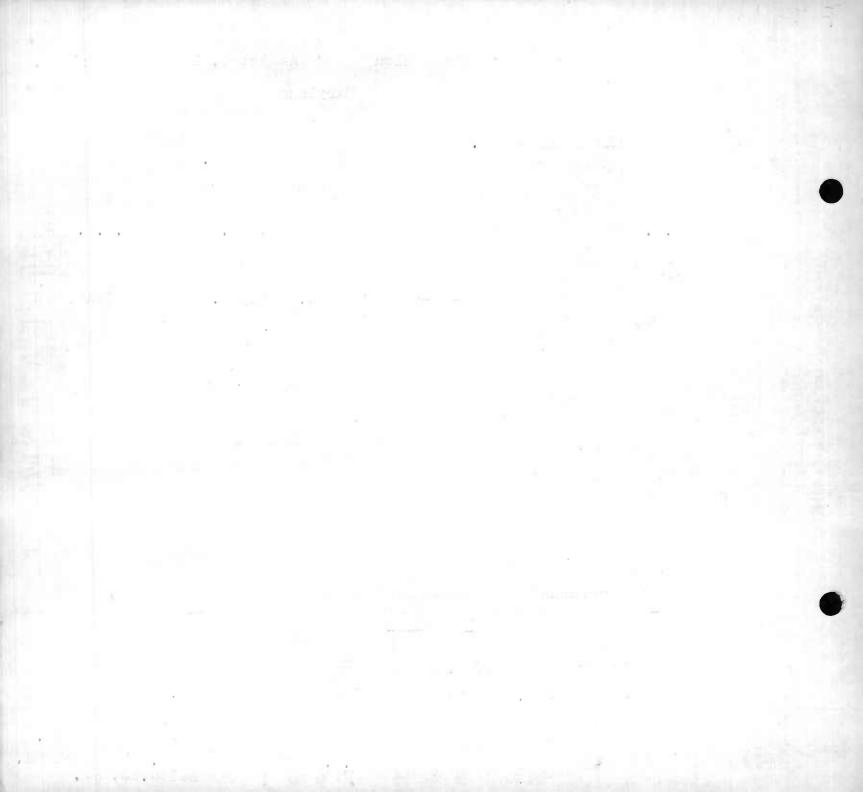


	pe ar Print)	EASED	TLBERT	LEE COLE		E AND HOUR OF DEAT	TH
	G	ILBER	ILBERT	DAID OODE		8-4-65	17:15
3.	PLACE OF DE	ATH IN BALTIN	ORE, MARYLAND		A. STATE B. C	(Where deceased lived, If COUNTY	finstitution: residence before
	FULL NAME O	F (If not i	n hospital ar institu or location)	tion, give street	kxx Maxxx	Andred Maryla	ind Mashine
	INSTITUTION				Sandy Hoo		te RURAL and give township
5	The JO	hns Hoj	kins Hos	spital	D. STREET ADDRESS	(If rural, give location)	11-00
				Personal	Main St	reet	
5.	SEX	6. RACE		RRIED, NEVER MARRIED OWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	Months: Days Hours
	Male	White		ried	3/9/09	56	Williams Buys Hours
		UPATION (Give working life, ever		ID OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State of	foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Trackma			lroad	Sandy Hook	. Maryland	USA
13.	FATHER'S NA	ME	-		14. MOTHER'S MAIDEN		
	Howard	Cole			Rosie Mar	shall	
15.			Armed Farces? war ar dates of serv	16. SOCIAL	17. INFORMANT Mr	s. Louise V	7 Col ADDRESS
116	N O	None		220-09-9440		Knoxville,	
-	18. 21 O		TO COLOR TO		OF DEATH	,	INTERVAL BETY
			ITION DIRECTLY				ONSET AND D
-		LEADING TO		(A)	SEPSIS	. <b> </b>	2-3 WK
	heart failure,	asthenia, etc.	mode al dying, Il means the dis				
Ŀ			ch caused death.)	(B) A	MTE LEL	KEMIA	4 Mos.
		ANTECEDENT	CAUSES	DUE TO			
	DISEASES	OP CONDITIO	THE SIME				
	rise to th	e above ca	ONS, if ony, g use (A) stating	iving			
	rise to th		use (A) staling	iving			
Z	rise to th	e above ca G CONDITION	use (A) slaling V last.	iving the (C)			
ATION	rise to th	e above ca G CONDITION  II	use (A) slating N last.  DITIONS CONTRIB	the (C)			
FICATION	OTHER SIGN TO THE CO	e above ca G CONDITION  II  IFICANT CONDITION CONDITION C	USE (A) stating I last.  DITIONS CONTRIBINOT RELATED TO AUSING IT.	UTING THE  FOR WHICH OPERATION			RE FINDINGS CONSIDERED
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MEDICAL CERTIFIC	other sign to the UNDERLYIN  OTHER SIGN TO THE CD DISEASE OR 19A. DATE OF 19A. DATE OF 19A. DATE OF INJURY (APPROX.)  22. I certify that (I) (we and haur an 23A. SIGNATI NAME (TABLE OF INJURY NAME (	e above ca G CONDITION  II IFICANT CONT DEATH BUT I CONDITION  OF OPERATION  II IFICANT CONT OF OPERATION  OF OPERATION  (Month) (Do  Of that (I) (this ) last saw the d from the ca  URE  ANS Iype)  ANS I	use (A) stating N last.  DITIONS CONTRIBUTED TO AUTHOR IT.  198. CONDITION WAS PERFORMED  ERLYING SE OF lines)  (y) (Year) (Haur)  Chaspital) attended deceased alive uses stated abare  DATE 2:  /7/65 N	UTING D THE  FOR WHICH OPERATION  218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  21E. INJURY OCCURRED  While A1 Not Why Work  A1 Word  ded the deceased from A1 (c. 4)  ve. (1) (We) (d1d) (did not)  AAASE  M.D. A	in or about 21 C. WHERE Diaffice bidgs, INJURY OCCU  21 F. HOW DID  22 F. HOW DID  23 F. HOW DID  24 F. HOW DID  25 F. HOW DID  26 F. HOW DID  27 F. HOW DID  28 F. HOW DID  28 F. HOW DID  29 F. HOW DID  20 F. HOW DID  21 F. HOW DID  21 F. HOW DID  22 F. HOW DID  23 F. HOW DID  24 F. HOW DID  24 F. HOW DID  26 F. HOW DID  27 F. HOW DID  28 F. HOW DID  29 F. HOW DID  20 F. HOW DID  20 F. HOW DID  21 F. HOW DID  21 F. HOW DID  22 F. HOW DID  23 F. HOW DID  24 F. HOW DID  26 F. HOW DID  27 F. HOW DID  28 F. HOW DID  28 F. HOW DID  29 F. HOW DID  20 F. HOW DID  21 F. HOW DID  21 F. HOW DID  21 F. HOW DID  22 F. HOW DID  23 F. HOW DID  24 F. HOW DID  25 F. HOW DID  26 F. HOW DID  27 F. HOW DID  28 F. HOW DID	or No) 208. IF YES, WER IN CERTIFYING CO.  ID (If in Boltim Poly)	Augustian death accurred as States SIGNED SIGNED (City, town, ar county)

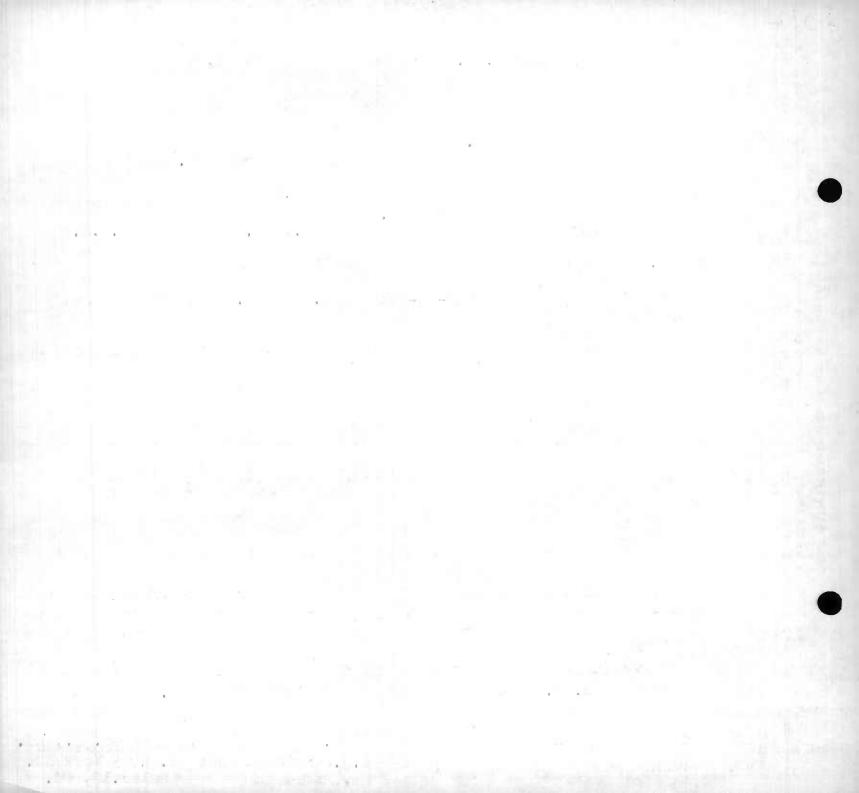


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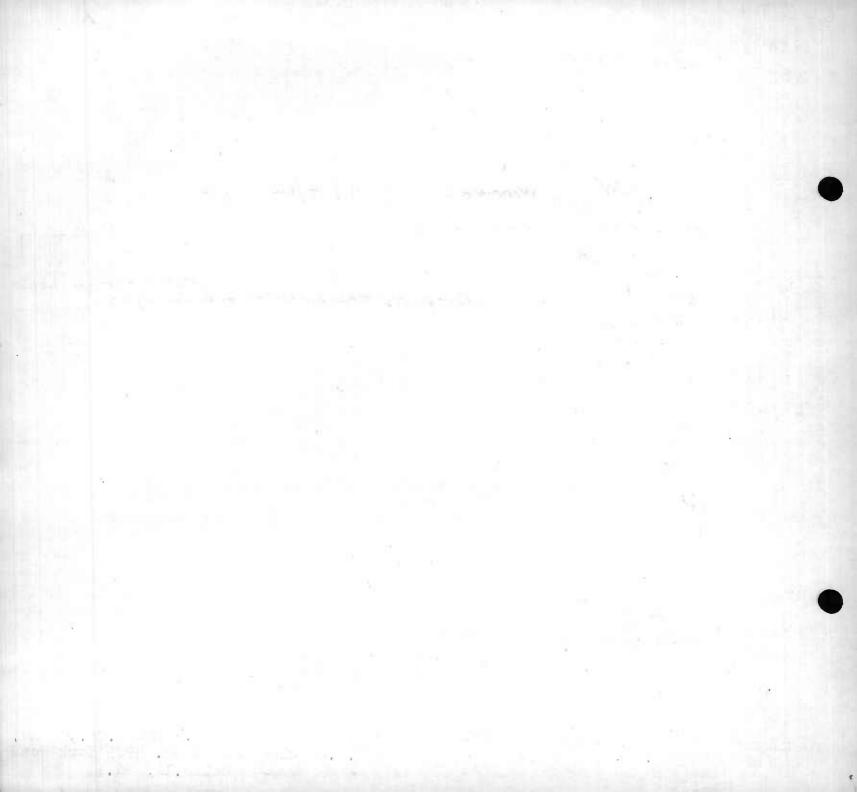


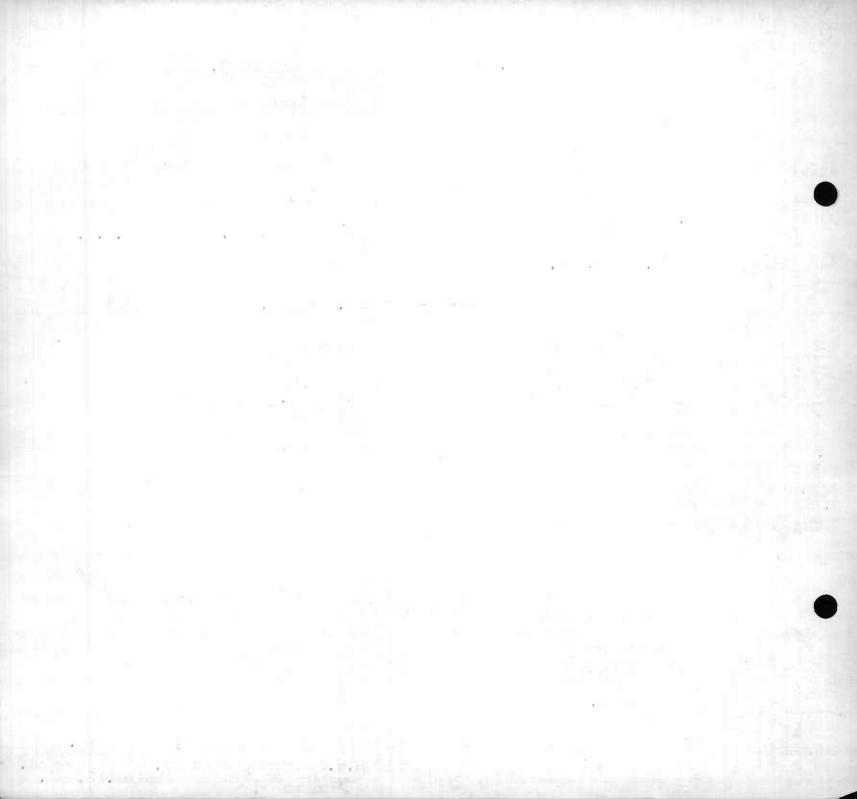
VS 150-REV. 1/1/65



FUNERAL DIRECTOR: IMPORTANT

CE DAFA	BALTIMORE CIT	HEALTH DEPARTMENT	65 8150
BIRTH NO. 65 8150	CERTIFICA	TE OF DEATH Registe	red No. 00 8150
A.E. CASE NONAME OF DECEASED		2. DATE AND HOUR OF	DEATH
EVA A GREEN		8/9/0	
PLACE OF DEATH IN BALTIMORE, MARY	LAND	4. USUAL RESIDENCE (Where deceased to	lived. If institutions residence before admission
		A. STATE B. COUNTY	9 00
FULL NAME OF (If not in hospital or HOSPITAL OR oddress or location)	institution, give street	C. CITY OR TOWN (If outside city limit	1 - C de
INSTITUTION	10-0-44	BALTIMODE	is, while KURAL and give township)
O FRANKLIN SQU	LARG HOSPITAV	D. STREET ADDRESS III rurol, give log	cotion)
		1579 MEDFE	
. SEX   6. RACE   7	MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE IIn y	
- 4/	WIDOWED, DIVORCED Ispecify)	9/14/02 lost birthdoy)	Months Doys Hours Min.
DA. USUAL OCCUPATION (Give kind of work)	NIDONED		
one during most of working lile, even if retired)	UB, KIND OF BUSINESS OR INDUSTRI		12. CITIZEN OF WHAT COUNTRY?
HOUSE WIFE	OWN HOME	BALT (MORE, M	D USA
3. FATHER'S NAME		14, MOTHER'S MAIDEN NAME	
EDWARD HULL	ICH	HUNABELLE	4000
5. Was Deceased Ever in U. S. Armed Force	s? 1 6. SOCIAL		
(es, no or unknown) (If yes, give wor or dotes	of service) SECURITY NO.	1	529 MEDFORD ROAL
Ne	212-05-1176	MAS, MARGARET A. B	UDDEMEYER
18. 5 92 XI	CAUSE	F DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRE	CTLY		
LEADING TO DEATH	IA)	ifema	( heosety
(This does not mean the mode of a heart failure, asthenia, etc. It means to	he disease,		
injury or camplication which caused d	ealh.)	a company of a company	repliety & nearths
ANTECEDENT CAUSES	DUE TO	or to the state of	Jan Competi
DISEASES OR CONDITIONS, if an	ny, giving		
rise la lhe above couse (A) s UNDERLYING CONDITION last.	slaling the (C)	***************************************	
	1919		
OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING		
OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELAT DISEASE OR CONDITION CAUSING IT.			
U 104 - 4	TION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20B. IF YE	S. WERE FINDINGS CONSIDERED
WAS PERFO	RMED		YING CAUSES OF DEATH?
21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g.,	n or obout 21 C. WHERE DID (If is	Boltimore City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH Inotify medical examiner	home, torm, foctory, street, etc.)	ffice bldg., INJURY OCCUR?	
<u>U</u>			
OF INJURY IMonth) (Doy) IYeor)		21F. HOW DID INJURY OCCUR	
(APPROX)	While At Not Whi Work At Work		
22. I certify that (!) (this hospital)	attended the deceased from	¥ 3 19 65 ta	8/4 19 65
that (1) (we) last saw the deceased	. \ /1		
			our) apinian death accurred an the do
and haur and from the causes state	a obave. (1) (We) (did) (dld nat)	view the bady atter death.	
23A. SIGNATURE SES		andina - See -	23B. DATE SIGNED
	l Ph	ending Med. Stoff Phys.	8/4/65
23C. PHYSICIAN'S NAME (Type)	- B. Manes & M.D.	23D. ADDRESS	1
>1/VINO	12 1/14 WEZZ W'D	101 Calhoun	2%
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY of CI	EMATORY 24D. LOCATION	(City, town, or county) (State)
REMOVAL (Specify)			
Burial 8/7/1969		rial Park Parkvill	e, Balto.Co., Mo
25A, DATE REC'D BY HEALTH DEPT.	5B, NAME OF REGISTRAR	H.W. Jenkins & Son	s Co. 4905 York Ros
HUU 6 1000 (Colour	LE TOMBALLE	7 6 6 3 Ral	to 12, Md.
/S 150-REV. 1/1/65			





Chief district - ministre The state which -Jan 1 and the state of the stat The state of the s Ently 45

	TH NO.	5 81 WED	ICAL EX	CAMINER'S C	ERTIFICATE O	F DEATH Registe	red Na. 00 010
1	E CASE NO.	0.000					
(Ť,	Pe or Print)	CEASED			2. DATE	AND HOUR PRONOUNC	
			WILBUR	BESS		7/2	9/65   8:20 p. M
3.	PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONOL	INCED DEAD	A. STATE	nere deceased lived. If inst	itution: residence before odmissio
	LL NAME OF	(IF NOT IN HOSPITA	AL OR INSTITU	JION, GIVE STREET	Marylan		TRUPAL 1 : 1
HO	STITUTION	FICATE	(NOIT A		Baltim		RURAL ond give township)
-	CDTI	FICALL	AIVIL	TIDE IN	D. STREET ADDRESS (If r		
	LW II						
1		Mercy	Hospita		1 46 M	arket Place	
5.	male	6. RACE		NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hr. Months Doys Hours Min.
10			LINE VIND OF	BUICINESS OF INDUSTRY	11. BIRTHPLACE (State or fo		12. CITIZEN OF
		working lile, even if retired)	KIOL NIND OF	BOSINESS ON INDOSEN	TI. BIRTHPLACE (SIGIE OF IC	oreign country?	WHAT COUNTRY?
13.	FATHER'S NAM	A E	1		14. MOTHER'S MAIDEN N.	AME	
		SICA F					
		D EVER IN U.S. ARMED		16. SO CIAL	17. INFORMANT		ADDRESS
KYe	s, no orunknowr	(Il yes, give war or date	es of servicel	SECURITY NO.	Section 1		
-	18.	7		CALLSE	OF DEATH		INTERVAL BETWEEN
	18.			CAUSE	OI DEATH		ONSET AND DEATH
	DISEA	SE OR CONDITION DI LEADING TO DEATH		Lotal Alakah	Www Bronchopn	neumonia	
	(This does heart failure injury or co	not mean the mode of , asthenia, etc. It means mplication which caused	dying, e.g., s the disease, death.)	DUE TO	11161 DI GIIGIIODII		
		CIF A N					
		OR CONDITIONS, IF A		(B)			
	RISE TO TH	IE ABOVE CAUSE (A) S'		DUE TO			
z		NO CONDITION LAST.		(C)			***************************************
<u>  </u>		ti					
CERTIFICATION	OTHER SIG	NIFICANT CONDITIONS DEATH BUT NOT RE OR CONDITION CAUSING	LATED TO T		Liver		
ERT	19A. DATE OF	F OPERATION 198. CON	IDITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or	No. 208. IF YES, WERE FI	
	1	WAS PER	(FORMED		yes	IN CERTIFING CAO	SES OF DEATH:
EDICA	UNDERLYING	OR CONTRIB-	21 8. home etc.)	PLACE OF INJURY (e.g., , lorm, foctory, street,	in or obout 21C. WHERE DI office bldg., INJURY OCCUR	D (II in Boltimore City, gi	ve exact location)
ZE	21 D TIME	(Month) (Day) (Yea	r) (Hour) 2	TE. INJURY OCCURRED	21F. HOW DID I	INJURY OCCUR?	
	OF INJURY (APPROX.)		v	WHILE AT NOT	WHILE		
	22.			VORK L AT W			
		tify that I held an I				this basis, death in n	
	resu	Ited fram: Natural ca	uses X A	Accident Suicid	e	Undetermined mann	er 🔛
	ACTUA		es u	- 5	ASSISTANT MEDICAL		DATE SIGNED
	EXAMIN			7	ASSOCIATE MEDICAL		7/30/65
-	NAME (			a M. Dan see o	OLDD AC	NEW JOHN STREET	
	A. BURIAL CRE MOVAL (Specil		23	C.NAME OUCEMETERY	MEKENWATORY OF 1/53	THO FATION ND (City,	, town, or county) (State)
			I	INIVERSITY	MEDICAL	CHOOL	
24		BY HEALTH DEPT.	248 NAME	0.00	TI PAGALUMENAL DIREC	ARV CEDVI	ADDRESS D.C.H.D.
	AUG	6 1965 R	Seeb E.	Farley M. D	MORIO.	ANI SERVI	CE - DCHD
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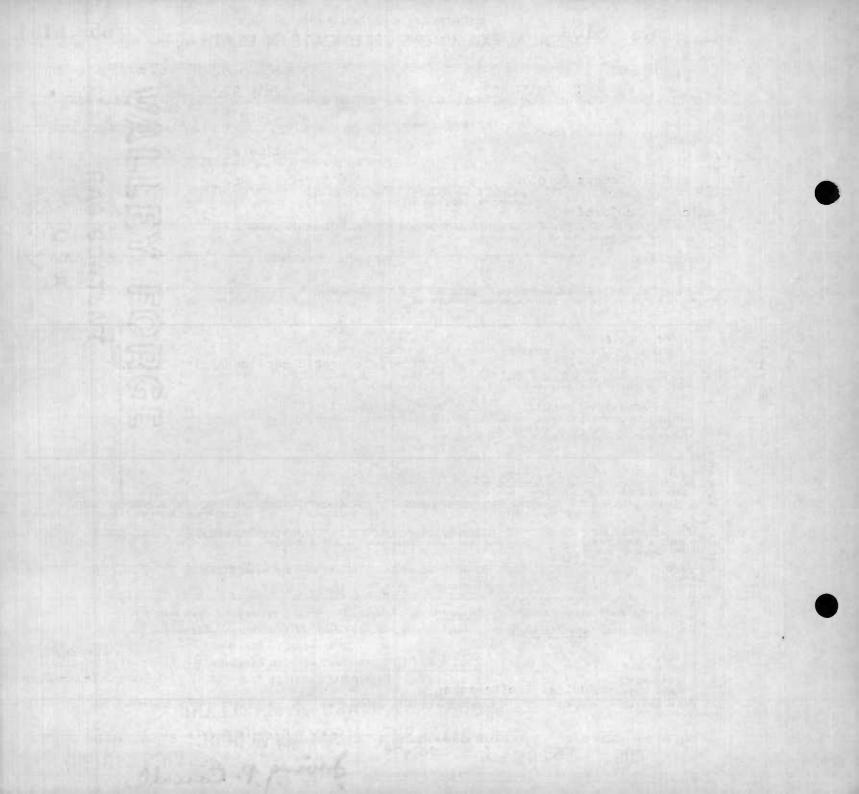
Letter from Office of the Chief Medical Examiner. 8/30/65 C. Bowens

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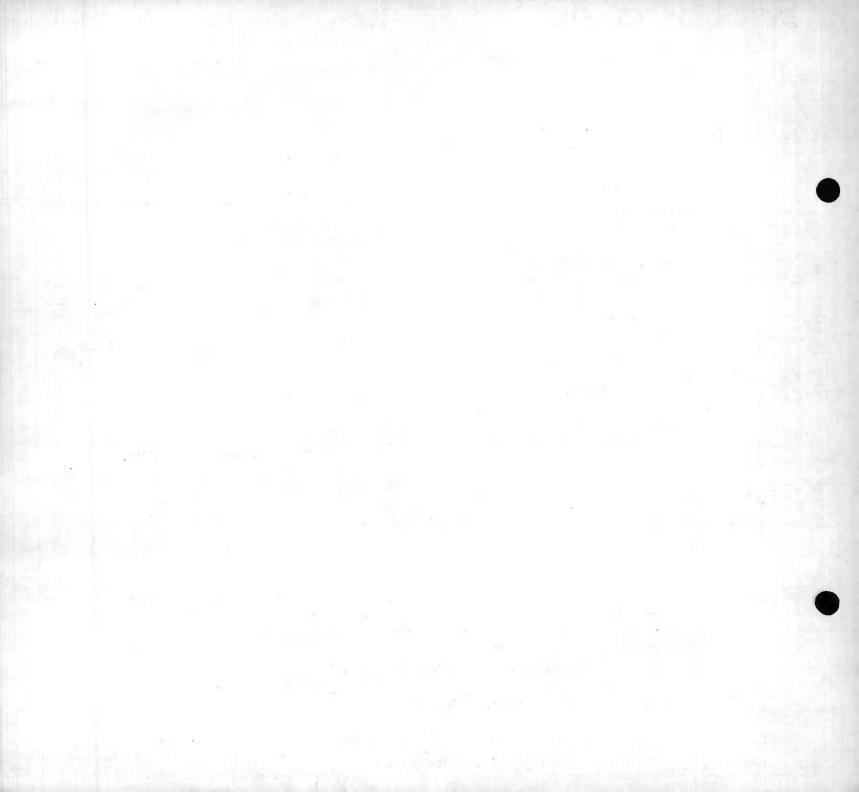
## BERTH NO. 65 8154 BERTH NO. 65 8154 BERTH NO. 65 8154 BERTH NO. 65 8154

M.E. CASE NO.								
Type or Print)						HOUR PRONOUN	CED DEAD	
OLACE IN DAL		E TYSON		117	July	29, 1965	1	3:15 a
FULL NAME OF	IMORE MARYLAND, W	AL OR INSTITU	JNCED DEAD	C. CITY OR TOV	Marylan	corporote limits, wri		1-1-0
_				D. STREET ADDR	Baltimo			
Frankli	n Square Hos	nital						
	6. RACE		NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years	I II I Index	1 Yr. If Under 24 1
male	colored	WIDOWED,	DIVORCED (specify)			lost birthdoy)		Doys Hours Mi
	JPATION (Give kind of wor vorking life, even if retired)	NIOB. KIND O	BUSINESS OR INDUSTRY	11. BIRTHPLACE	State or foreign	n country)	12. CITIZEN WHAT	OF COUNTRY?
3. FATHER'S NAM	NE .			14. MOTHER'S MA	AIDEN NAME			
	D EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORMANT	10 100		ADDRESS	
heart failure, injury or cor A DISEASES ( RISE TO TH UNDERLYIN	not meen the mode of asthenia, etc. It meens mylicotion which coused and anticolor which coused and anticolor which could be a conditionally and a conditional con	the disease, death.)	(B)	OSCILIVE	COLUI	ovascular (	Trocase	
TO THE	DEATH BUT NOT RE R CONDITION CAUSING	LATED TO T	HE					
	OPERATION 198, CON WAS PER		WHICH OPERATION	NO	(Yes or No)	208. IF YES, WERE F IN CERTIFYING CAL	INDINGS CO	N SIDERED TH?
21 A. EXTERNAL UNDERLYING DUTING DCAU	OR CONTRIB-	21 B. home etc.)	PLACE OF INJURY (e.g., , form, foctory, street, o	in or obout 21C. W Iffice bldg., INJURY	HERE DID (	If in Boltimore City, (	give exoct loc	otion)
21 D TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeo	V	VHILE AT NOT WORK		DENI DID WO	RY OCCUR?		
22.	ify that I held an I	nquiry 🗌			that on this	s bosis, deoth in	my opinion	
resul	ted from: Noturol ca	uses X A	ccident Spicide	Homicia	de U	ndetermined manr	er 🗌	
ACTUAL		10-6	111.	CHIEF ME	EDICAL EX			DATE SIGNED
SIGNATI EXAMIN NAME (1	ER'S	Breite		ASSOCIATE MI				7-29-65
3A. BURIAL CREA	MATION, ABB. DATE		CANAME OF CIMETERY	GREMATORY (	F MA	EATIPHAND CITY	, town, or co	unty) (Stote)
44 BAYE 200	BY HEAT THE TOTAL	10.00.00.00	UNIVERSITA	MEDIC	1100	HOOL		The De Co
	AUG 6 1965	248, NAME	JE Farley MA	MU	KID RECTOR	KUUL	CE	DCHO
	1000			111.	4 . 6 1	- WLINT	111 -	131.111



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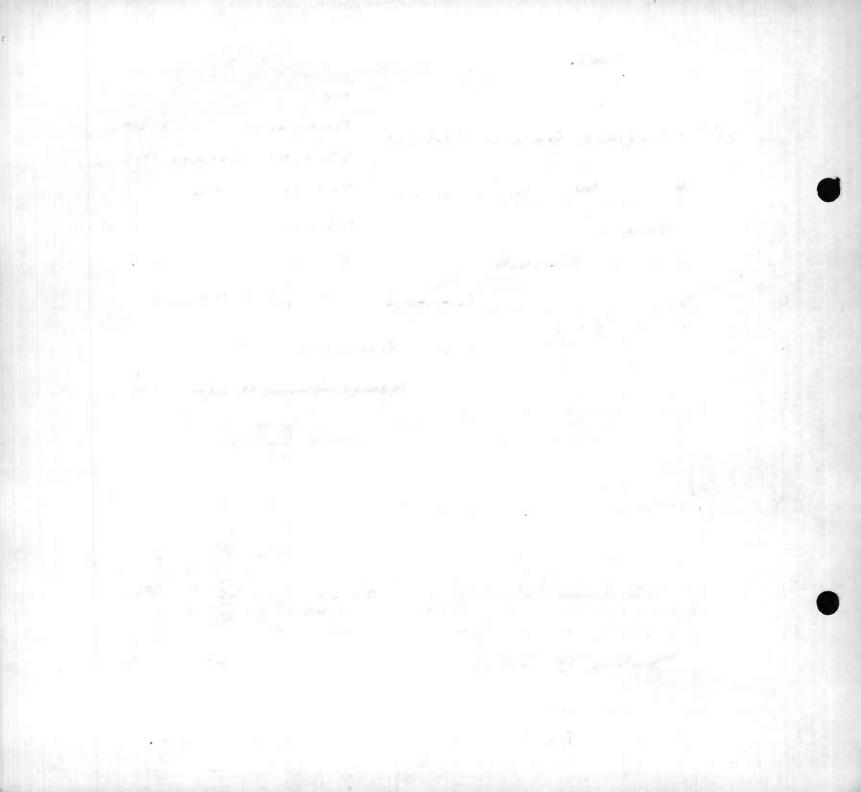
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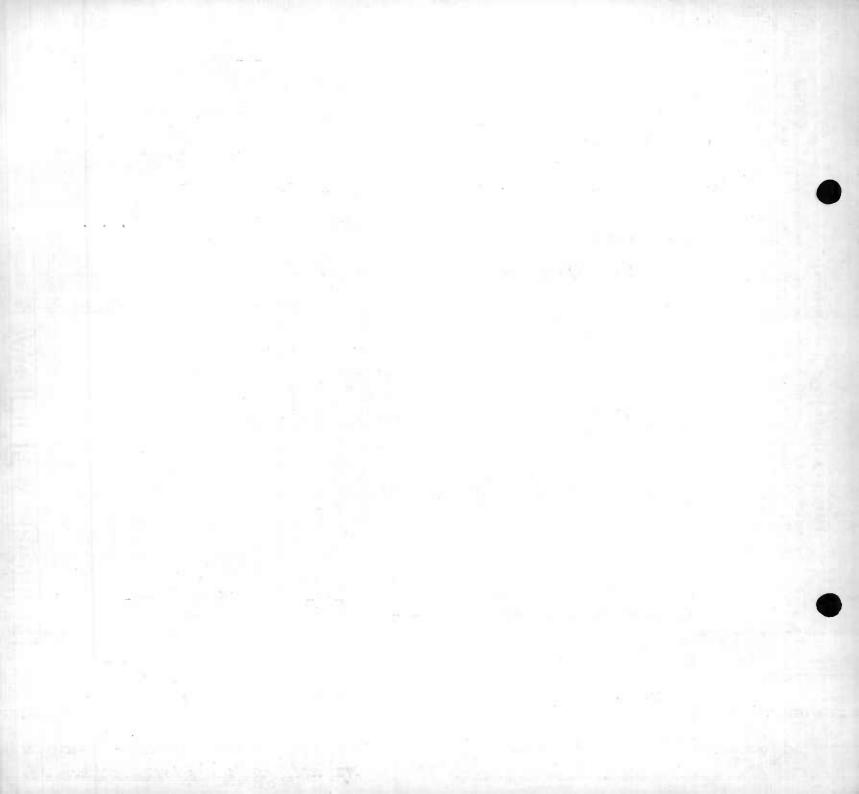


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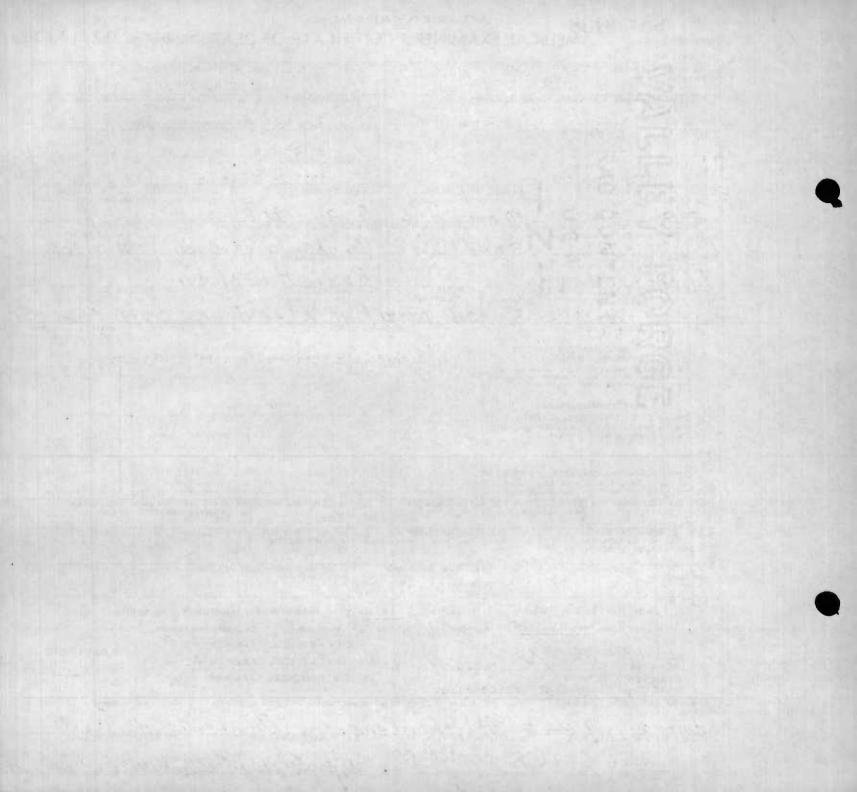
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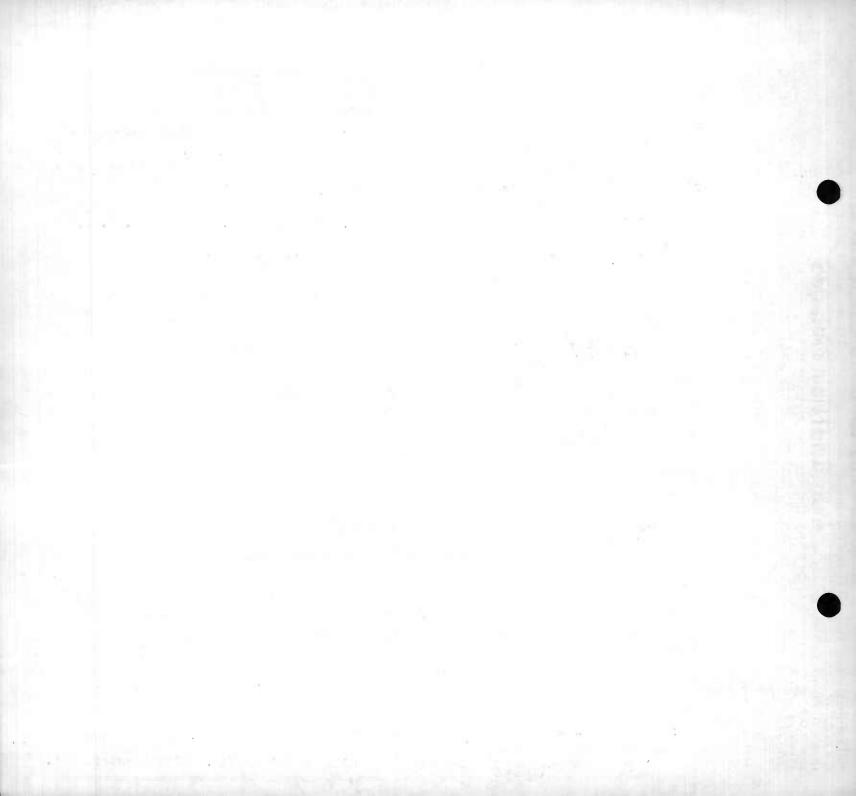
BIRTH NO. MEDICAL EXAMINER'S CI	ERTIFICATE OF DEATH Registered No. 65 8158
M.E. CASE NO.	
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR PRONOUNCED DEAD
CLEMON JONES	August 4, 1965 7:20 a M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Whore deceased Gived, If institution: residence before admission) A. STATE B. COUNTY  Maryland
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
INSTITUTION	Paltimore 8-04
	D. STREET ADDRESS (If rurol, givo (occosion)
City Hospital	2221 E. Chas∉ St.
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years   If Under 1 Yr. If Under 24 Hrs.   Months, Days, Hours, Min.
male colored An an analy	9-211-1906 58
10A. USUAL OCCUPATION (Give kind of work TOB. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF
done during most of working life, even if retired)	CIMPANISHED V2. WHAT COUNTRY?
9. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Thomas Tones	Ruth Hatchen
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS
Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	D' P' I T AND TALL C
1/6.5 /1/1/1/1/1/2/2/16-//-3/2/	OF DEATH INTERVAL BETWEEN
42211	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Arter	iosclerotic cardiovascular disease
(This does not meen the mode of dying o.g., DUE TO	Tope Telegraph of the T
heart failure, asthenia, atc. It means the diseasa, injury or complication which caused dooth.)	
ANTECENDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A, DATE OF OPERATION 198, CONDITION FOR WHICH OPERATION	20A, AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED	Yes IN CERTIFYING CAUSES OF DEATH?
₹ 21A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g.,	
UTING CAUSE OF DEATH.	office bldg., INJURY OCCUR?
7	21F. HOW DID INJURY OCCUR?
OF INJURY	
m. WORK AT W	WHILE ORK
22. I certify that I held an Inquiry Inspection Au	tapsy 🗴 and that an this basis, death in my apinian
resulted fram: Natural causes K Accident Suicid	
7/1 0 1/	CHIEF MEDICAL EXAMINER
ACTUAL // MUSTON	ASSISTANT MEDICAL EXAMINER
	ASSOCIATE MEDICAL EXAMINER 8-4-65
EXAMINER'S NAME (Type) Rudiger Breitenecker	ASSOCIATE MEDICAL EXAMINER
23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY C	OF CREMATORY 23D. LOCATION (City, town, or county) (State)
REMOVAL (Specify)	11 12 1-1
24A, DATE REC'D BY HEALTH DEPT. 24B, NAME OF REGISTRAR	24C. FUNERAL DIRECTOR' ADDRESS
	0 10106101
AUG 6 1965 Robert E. Farley M.M.	Tandolphy. Collick 1412 E. Prestox
VS 151-REV. 1/1/65	0767



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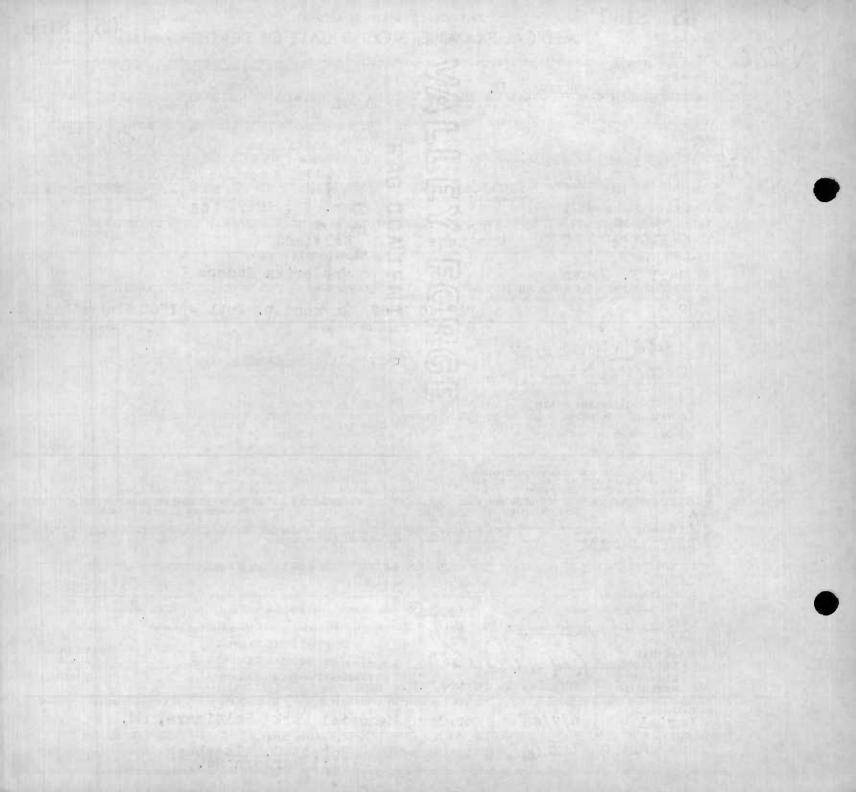


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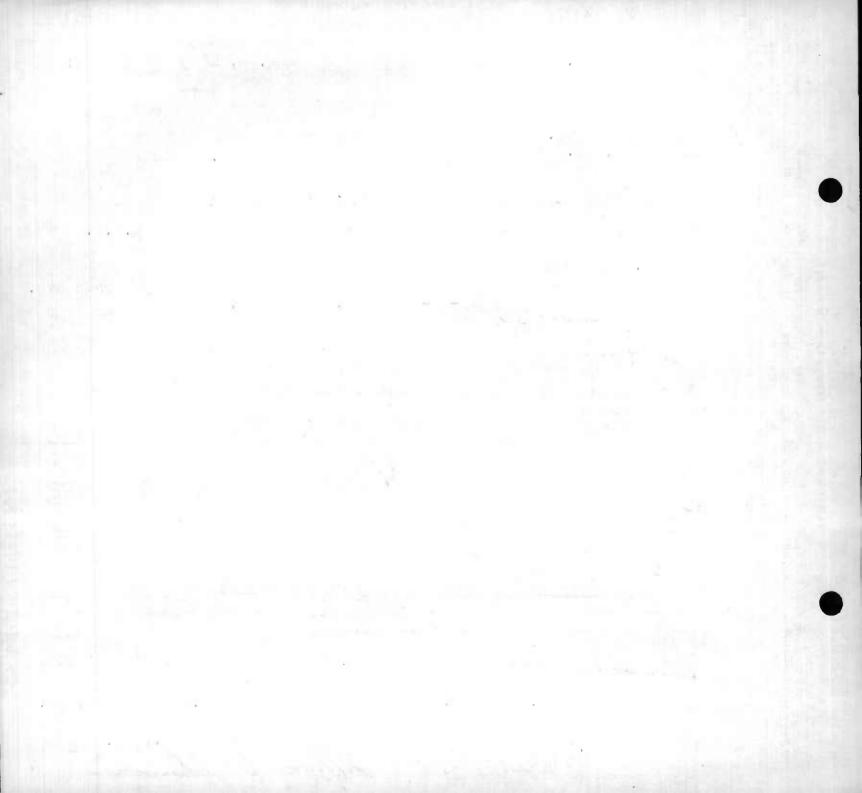
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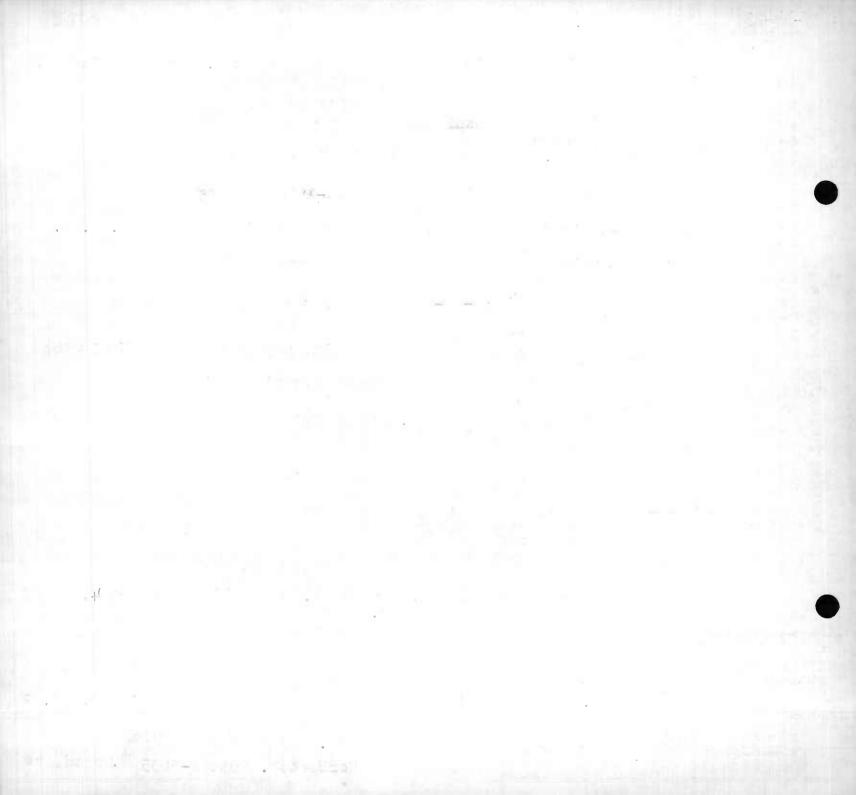
BALTIMORE CITY HEALTH DEPARTMENT	CE	5160
L EXAMINER'S CERTIFICATE OF DEATH Registered No.		0300
	. 5	

ikin No.	MILD	CAL LA	MAIII ALICO CI	LKIIIICAII	- 01	DEATH			
M.E. CASE NO.	CEACED			T-		10.110.110.110.110.110.110.110.110.110.	FD DEAD		
. NAME OF DE Type or Print)	CEASED			2.		HOUR PRONOUNC		7 00 7	
PLACE IN RAI	HILD A		JUBB	I IISIIAI DESIDEN	Aug	gust 4, 1965	titution: rasida	7:08 I	
. FEACE IN DAG	IIMORE MARIEAND, W	HERE PROMOC	NCLD DIAD	A. STATE Mary	yland	deceosed lived. If inst	JNTY	nice belote ou	1111 2 210 111
ULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	TION, GIVE STREET			de corporate limits, write	e RURAL onc	give townshi	(p)
NSTITUTION	ADDRESS ON LOCA	(11014)			timore		9-	07	
Mana	land Conoral	Hospita	1	D. STREET ADDRES				01	
Mary	land General	Hospita		1		stead Stree	t		
. SEX	6. RACE	7. MARRIED.	NEVER MARRIED	8. DATE OF BIRTH	, Home	9. AGE (In years		Yr, If Under	24 Hrs.
Female	Caucasian		DIVORCED (specify)	Mar. 22	, 18	llost hirthday)	Months D	oys   Hours	Min.
		TOR KIND OF	BUSINESS OR INDUSTRY				12. CITIZEN	1.05	
one_during most of	working life, even if retired)		home	Maryla		gn coonny,	WHAT	ACOUNTRY?	
HOUSEW	1716	OWI	i nome	14. MOTHER'S MAI		I F	0.51		
				Freder					
	F. Heuer	FORCES?	16. SO CIAL	17. INFORMANT	ING	ritoshe	ADDRESS		-
es no or unknown	(If yes, give wor or dote	s of service)	SECURITY NO.						
No			218 46 286	Raymon	d D.	Jubb - 17	55 Ho	mestea	d S
18.	0.0 /	2 - 1	CAUSE	OF DEATH				NTERVAL BET	
DISEA	SE OR CONDITION DI	RECTLY						DIAZEL AND	DEATH
	LEADING TO DEATH		(A) Arter	iosclerotio	Card	liovascular	Disease	e .	
heort foilure	not meen the mode of , osthenio, etc. It meens	the diseose,	DUE TO						
injury or co	mplication which coused	deom./							
	ANTECENDENT CAUSI		(R)						
DISEASES RISE TO TH	OR CONDITIONS, IF A	NY, GIVING	DUE TO			***************************************			
	NG CONDITION LAST.		101						
OTHER SIG			(C)						
OTHER SIG	II INIFICANT CONDITIONS	CONTRIBUTION	NG.						
TO THE	DEATH BUT NOT RE	LATED TO T							
	F OPERATION 198, CON		WHICH OPERATION	20A. AUTOPSY?	Yes or No	20B, IF YES, WERE FI	NDINGS CO	NSIDERED	
5	WAS PER			No		IN CERTIFYING CAU	SES OF DEA	TH?	
ZIA. EXTERNA	L CAUSE WAS	21B.	PLACE OF INJURY (e.g.,	in or obout 21 C. WH	ERE DID	(If in Boltimore City, gi	ve exoct loc	otion)	
	OR CONTRIB-	home etc.)	, form, foctory, street, o	office bldg., INJURY C	OCCUR?				
끝			is hilling occurren	015 11011	V DID INI	LIBY O COLLEG			
OF INJURY	(Month) (Doy) (Yeo		1E. INJURY OCCURRED		A DID IN1	URY OCCUR?			
(APPROX.)		m. V	VHILE AT NOT	ORK					
22.	tify that I held on I	nouiry	Inspection X Aut	topsy ond t	hot on th	nis bosis, deoth in r	ny opinion		
The state of the	Ited from: Notural co		ccident D Sulcid			Undetermined monn			
resu	ited from: Notorot Co	USES [V]	Solcia Solcia			XAMINER .			
ACTUA	1 01		1/-					DATE SIG	NED
SIGNAT		ades	I'cily M.D.	ASSISTANT MED				8/5/65	
EXAMI	770000	les S. P	etty M.D.	ASSOCIATE MEI	DICAL E	XAMINER		0/0/00	
3A. BURIAL CRI	71-7		C. NAME of CEMETERY	CREMATORY	23 D.	LOCATION (City	, town, or co	untv) (S	Stote)
EMOVAL (Speci	(y)					Baltimore,		,	
Buria.	_ / /		Moreland Me						
4A. DATE REC'D	AUG 6 1965		OF REGISTRAR	24C. FUNERAL			AD	DRESS	
	1000	Volent	E, starbey#	Robert		Altenburg ra Rd.			
/S 151-REV. 1/1.	/65	1 43	5 5 11 11		- Chargeto U	()			1
		1 2	That was not a second	200					V



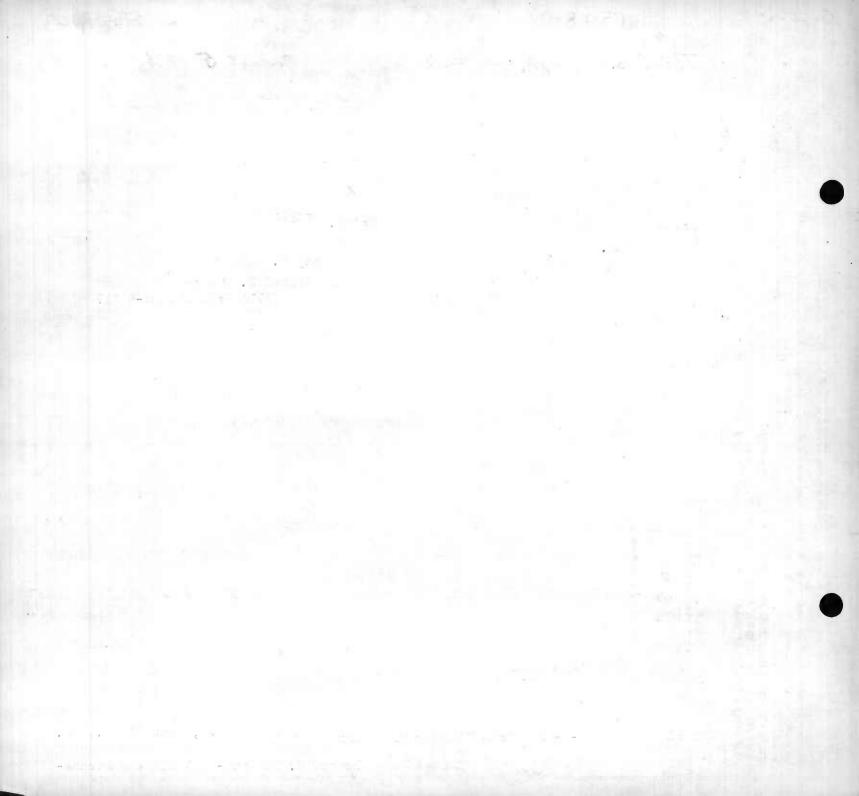
	05 0404		BALTIMORE CITY	HEALTH DEPARTMENT		CE 0404
BIRTH NO.	65 8161		CERTIFICA	TE OF DEATH	Registered No	65 8161
A.E. CASE NO.	EA SED				AND HOUR OF DEAT	Н
Tuno or Printl	alter E. B	rickma	n		g. 4, 1965	7:00A N
	TH IN BALTIMORE, MA		11	4. USUAL RESIDENCE	Where deceased lived, If	institution: residence before admission
					YTAUC	
FULL NAME O	F (If not in hospital oddress or location		give street	Maryland	A acceptance of the discount of the contract o	e RURAL and give township)
INSTITUTION					t outside city limits, with	7-0 P
5419 P	urdue Ave.			Baltimore D. STREET ADDRESS	(If tural, give location)	0/38
Baltim	ore, Md. 2	1212			le Ave. 212	212
. SEX	6. RACE	7. MARRIED	, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 His
Male	White	Marr	D, DIVORCED (specily)	Aug. 4, 189	lost birthdoy	Months Doys Hours Min.
			F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or		12. CITIZEN OF
	working life, even if retired)					WHAT COUNTRY?
Contrac		Home	Improvement			U.S.A.
3. FATHER'S NAM	AE			14. MOTHER'S MAIDEN	NAME	
Harry T	. Brickman			Grace Turfi	leld	
5. Wos Deceosed	Ever in U. S. Armed Fo	rces?	16. SOCIAL SECURITY NO.	17. INFORMANT		419 Purdue Ave.
21 20	til yes, give wor or con			Mana Coomed	_	
NO 18, // -		1 5 37	213-03-0057		la B. Brick	INTERVAL BETWEEN
100	XXX	00%	CAOSE O	DIAIII	0.0	ONSET AND DEATH
	E OR CONDITION DI LEADING TO DEATH	RECTLY	(10)	2011	0712401	M. C. M.
(This does n	al mean the made of	dying, e.g.,	(A) (U	Very Corv	San Market	2014
hearf failure,	asthenia, etc. It means	the disease,	(Inve	no care 10	1 Pe) & -	
	ANTECEDENT CAUSES		(B) CO	rohal +	dout we	alasis
			DUE TO //		N 1/2 A	
	R CONDITIONS, if abave cause (A)			moller	Do Heart	1) years
	CONDITION last.	old ling line	107	Ch Any	21113	***************************************
	11				•	
OTHER SIGNI	FICANT CONDITIONS			oto Tropo	1. 1.	1 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
	EATH BUT NOT REL		TE MAN	eces / web	aus	
19A. DATE OF		NOITION FOR	WHICH OPERATION	20A. AUTOPSY? Yes o	No) 20B. IF YES, WER	E FINDINGS CONSIDERED
	WASTE	TORNIED		NO	III CERIIFIINO C	AUSES OF DEATH:
OP CONTRIBU	TING CAUSE OF	218	B. PLACE OF INJURY (e.g., in me, lorm, foctory, street, of	or obout 21 C. WHERE DI	D (If in Boltim	ore City, give exact location)
DEATH (notify	medical examiner	etc		- Ology Hite Oliv Grand		
0 21 D. TIME	(Month) (Doy) (Year)	(Hour) 21 E	INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
OF INJURY	-		hile At Not Whil	e		
(Arrkox)		We	ork At Work		120	1 1
	that (1) (this haspita			an J	190 to UC	Ues 4 1901
that (I) (we)	lost saw the deceas	ed olive on.	aug 3	19 6 J one	d that in (my) (our) o	pinion death occurred on the do
ond hour ond	from the causes sta	ted obove. (	(I) (Wy) (did not) v	iew the body after dea	th.	
23A. SIGN ATU		111	1			23B, DATE SIGNED
14	and IN	11/1/11	12/ M.D. Atte	ending Med.	Stolf -	Alla 6 1963
23 CHYSICIA	N'S	//von	136 Phy	s. Director L	Phys.	31180
NAME (T)	ype)		//			
			tzer, M.D.	3009 Evergi	reen Ave.,	Baltimore, Md.
24A. BURIAL CREA	MATION, 24B. DATE	24C. N	AME of CEMETERY OF CRE	MATORY 241	D. LOCATION	City, town, or county) (Stote)
Burial	8/7/6	5 00	rdeng of Do	t + h	207+imama C	No a Ma
	BY HEALTH DEPT.	25B. NAME	rdens of Fai	25C. FUNERAL DIREC	Baltimore C	ADDRESS
AU		Dw. Pr &	2. Farley MAR.	Millian	- > 6.4	T Table 7
VS 150-REV, 1/1/6			6 5 6	The state of the s	1000	Loeb Raven B'
9 190-PF A 11-110		1 6	No. of State			The second secon





**FUNERAL DIRECTOR: IMPORTANT** 

	CASE NO.							
	ME OF DECI			A		- ·	DATE AND HOUR OF D	_
	HOMA				o Gary )		Rugust 5	1965 12 4
FU	ULL NAME O	oddress	n hospitol o or tocotion)	r institution,	give street of marylons	Thany la	(If outside city limits,	d. If institution: residence before admi
						1722 Hal	e ane.	7 7
. SE		6. RACE	4	MIDOWE	NEVER MARRIED D, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years)	s If Under 1 Yr. If Under 2 Months Doys Hours A
		PATION (Give I vorking life, even		IOB, KIND OI	BUŠINESS OR INDUSTRY		yland	12. CITIZEN OF WHAT COUNTRY?
3. F	ATHER'S NAM	E.				14. MOTHER'S MAIL		037
	Jama	elith	our a.s	5'		Mary	C. Weedon	
Yes,	/as Deceased no or unknown)	Ever in U. S. (If yes, give v	Armed Force vor or doles	es? of service)	16. SOCIAL SECURITY NO. None		muel E. Thomas	
		E OR CONDI	TION DIRE	CTLV	0	. sugarite	1	ONSET AND DEAT
~	(This does not heart foilure, injury or community or community or community or the total form of the community of the communi	LEADING TO of mean the asthenio, etc. plication whice ANTECEDENT R CONDITION CONDITION CONDITION FICANT CONCEATH BUT I	DEATH mode of II meons th caused of CAUSES DNS, if a use (A) I lost.	dying, e.g., the disease, death.)  my, giving stating the  DNTRIBUTIN TED TO TH	DUE TO (C) Programa	orner of	Farlure Perpirate ue. Dytha	the phys
ATION	(This does not heart foilure, injury or community or community or community or the total form of the community of the communi	ol mean the asthenio, etc. plicotion which which will be a second of the condition of the c	DEATH mode of II meons th caused of CAUSES ONS, if a use (A) I lost. ONTIONS CO	dying, e.g., the disease, death.)  any, giving stating the  ONTRIBUTIN TED TO TH.	DUE TO (C) Programa	20 A. AUTOPSY? (Y	es or No) 20B IF YES, V	WERE FINDINGS CONSIDERED G CAUSES OF DEATH?
AL CERTIFICATION	(This does no heart foilure, injury or community or community or community or the UNDERLYING OTHER SIGNITO THE DISEASE OR 19A.DATE OF 19A.	ol mean the asthenio, etc. plicotion which which will be a second of the condition of the c	DEATH mode of II meons th caused CAUSES DNS, if a use (A) I lost. DITIONS CO NOT RELATI 19B. COND WAS PERFO ERLYING  ERL	dying, e.g., the disease, death.)  my, giving stating the  DNTRIBUTIN TED TO TH. SHINON FOR DRMED	G (C) PLACE OF INJURY (e.g., integration form, foctory, street, o	20 A. AUTOPSY? (Y	es or No) 20B IF YES, VIN CERTIFYING	were findings considered
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MEDICAL CERTIFICATION	Chris does no heart foilure, injury or came of the control of the UNDERLYING OTHER SIGNITO THE DIDISEASE OR 19 A. DATE OF OR CONTRIBUDEATH (nonify 122. I certify that (I) (we) and haur and 13A. SIGNATU SIGNATURA CITURA CONTRIBUTION OF THE CONTRIB	ol mean the asthenio, etc. plicotion which which will be asthenio, etc. plicotion which will be asthenion with the condition of condition of condition of condition of condition of condition of condition (Month) (Dog that (I) (this last saw the fram the call that (I) (this last saw the fram the call that (I) (this last saw the fram the call that (I) (this last saw the fram the call that (I) (this last saw the fram the call that (I) (this last saw the fram the call that (I) (this last saw the fram the call that (I) (this last saw the fram the call that (I) (this last saw the fram the call that (I) (this last saw the fram the call that (I) (this last saw the fram the call that (I) (this last saw the fram the call that (I) (this last saw the fram the call that (I) (this last saw the fram the call that (I) (this last saw the fram the call that (I) (this last saw the fram the call that (I) (this last saw the fram the call that (I) (this last saw the fram the call that (I) (this last saw the fram the call that (I) (this last saw the fram the call that (I) (this last saw the fram the call that (I) (this last saw the fram the call that (I) (this last saw the fram the call that (I) (this last saw the fram the call that (I) (this last saw the fram the call that (I) (this last saw the fram the call that (I) (this last saw the fram the call that (I) (this last saw the fram the call that (I) (this last saw the fram the call that (I) (this last saw the fram the call that (I) (this last saw the fram the call that (I) (this last saw the fram the call that (I) (this last saw the fram the call that (I) (this last saw the fram the call that (I) (this last saw the fram the call that (I) (this last saw the fram the call that (I) (this last saw the fram the call that (I) (this last saw the fram the call that (I) (this last saw the fram the call that (I) (this last saw the fram the call that (I) (this last saw the fram the call that (I) (this last saw the fram the call that (I) (this last saw the fram the call that (I) (this last saw	DEATH mode of II meons th coused CAUSES ONS, if a use (A) I lost.  DITIONS CO NOT RELAT AUSING IT. 198. CONC WAS PERFO  RETING  EOF net)  hospital) deceased uses state	dying, e.g., the disease, death.)  my, giving stating the  DNTRIBUTIN TED TO TH. DITION FOR DRMED  21B hom etc. (Hour) 21E Wh wa attended t d alive an ed abave. (	GE WHICH OPERATION  PLACE OF INJURY (e.g., in the form, foctory, street, on the first street, on the first street, on the deceased from the deceased from the first street, on the deceased from the deceased from the deceased from the deceased from the first street, on the deceased from the deceased f	20A. AUTOPSY? (Y  NO m or obout 21C. WHER ffice bldg., INJURY OC  21F. HOW  19 65  view the body after  ending Med. or obout 21C. WHER  21F. HOW  21F. HOW	es or No. 208 IF YES, V IN CERTIFYING E DID (If in Bo CCUR?  DID INJURY OCCUR?  A965 ta  and that in (my) (aur death.  Idospital of Ash burtor 24D. LOCATION	were findings considered G Causes of Death?  Ditimore City, give exact location)  8-4 1969  To apinion death accurred an the second sec



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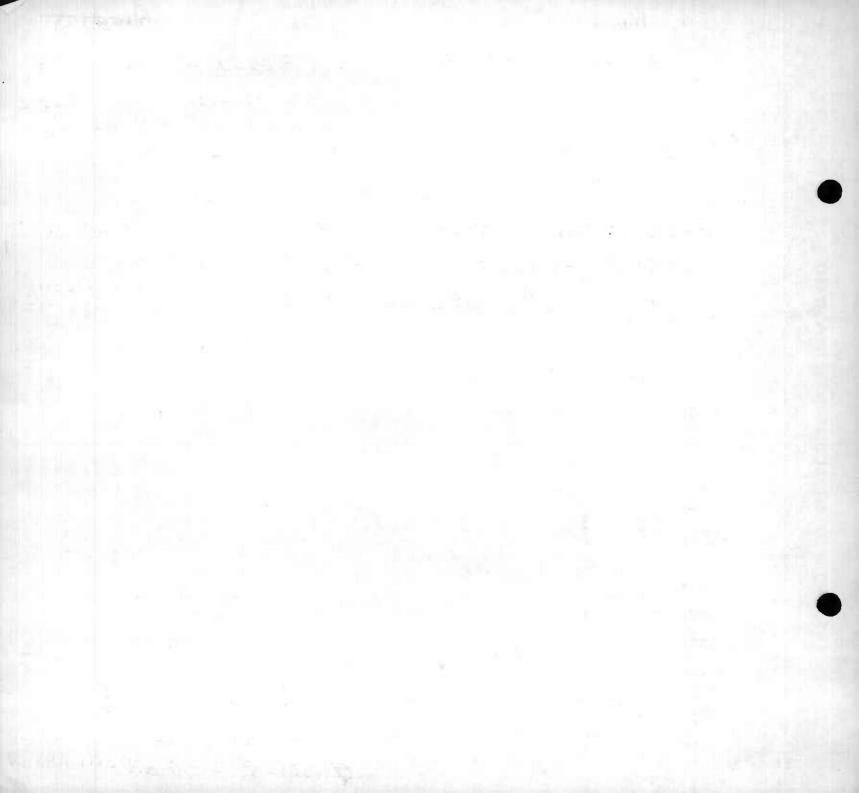
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VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

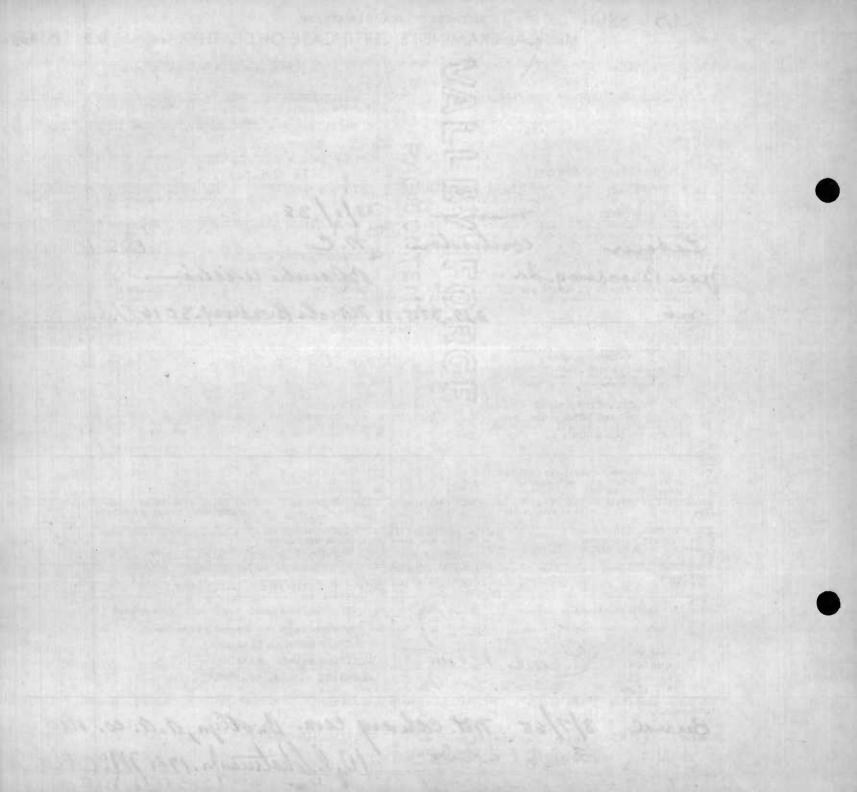


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VS 151-REV. 1/1/65 / 6

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-	The state of	

BIRTH NO.	MED	ICAL EXAMINER'S C	ERTIFICAT	TE OF DEATH R	egistered No. 65
M.E. CASE NO.					
1. NAME OF DE	JESSE	BROADWAY	v.	August 1, 19	
3. PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONOUNCED DEAD	4. USUAL RESID	ENCE (Where deceased lived.	If institution: residence before odmissio
FULL NAME OF HOSPITAL OR NSTITUTION	(IF NOT IN HOSPITA	AL OR INSTITUTION, GIVE STREET ATION)	C. CITY OR TO	WN (If outside corporate limit	ts, write RURAL and give township)
A)				1timore	
Unive	rsity Hospita	1		RESS (If rurol, give locotion)  16 Chelsea Terr	ace
. SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify)	B. DATE OF BIRT	lost birthdoy	
Male	Negro	married	3/1/		7
	working life, even if retired)	NIOR KIND OF BUSINESS OR INDUSTR	-1 13	(State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
B. FATHER'S NAM	ur	Contrador	14. MOTHER'S M	AIDEN NAME	O.S. H.
:2		1-	- 0		•
	ED EVER IN U.S. ARMED	FORCES? 16, SO CIAL	17. INFORMANT	who Willes	ADDRESS
	(If yes, give wor or dote		THE ORIVINAL T	1 0	210
no		219-32-823	mazol	a Broadway -:	3016 Chelsea I ec
18.	21/24	CAUSI	OF DEATH		INTERVAL BETWEEN
DISEA	SE OR CONDITION DI	RECTLY			סומבו אום סבאו
	LEADING TO DEATH	(A) Mult	iple Traum	natic Injuries.	
heort foilure	not meon the mode of c, osthenio, etc. It meons emplication which caused	death			
111/01/01/05	Ampriconon Willem Cooses	000000			
	ANTECENDENT CAUSE	(B)	~~**		
RISE TO TH	OR CONDITIONS, IF A				
	NG CONDITION LAST.	(C)			
₫					
O THE	ENIFICANT CONDITIONS DEATH BUT NOT RE OR CONDITION CAUSING	LATED TO THE			
19A. DATE OF	F OPERATION 198 CON	IDITION FOR WHICH OPERATION	20A. AUTOPSY	? (Yes or No) 208. IF YES, W	ERE FINDINGS CONSIDERED
3 3	WAS PER	FORMED	Ye	S IN CERTIFYING	CAUSES OF DEATH?
	L CAUSE WAS	21B. PLACE OF INJURY (e.g., home, form, foctory, street,			City, give exact location)
	ØOR CONTRIB- JSE OF DEATH.	home, form, foctory, street,			
Z 21D TIME	(Month) (Doy) (Year			rsey and Ridge	Roads, A.A.Co.
OF INJURY	8 1 '65		WHILE X Au	to-Auto collisi	on
22.	0 1 00	A m. WORK AT W	VORK AU	to-Auto collisi	ott.
	tify that I held an I	nquiry Inspection Au	tapsy 🔀 and	d that an this basis, deat	th in my apInIan
resu	Ited fram: Natural ca	uses Accident X / Suicid	le Homici	ide Undetermined	manner
	01		CHIEF M	EDICAL EXAMINER	DATE SIGNED
SIGNAT		seles I (elle un	ASSISTANT M	EDICAL EXAMINER	DATE SIGNED
EXAMIN NAME (	NER'S	les S. Petty M.D.	•	MEDICAL EXAMINER	8/1/65
3A. BURIAL CRE	EMATION, 238 DATE	23C. NAME of CEMETERY	or CREMATORY	23D. LOCATION	(City, town, or county) (State)
Berry	e 8/7/	o // or, con a	ng cem	1. Brootlyn	a.a. co, mid-
4A. DATE REC'D	BY HEALTH BEPT.	248, NAME OF REGISTRAR	24C. FUNER	AL DIRECTOR	ADDRESS

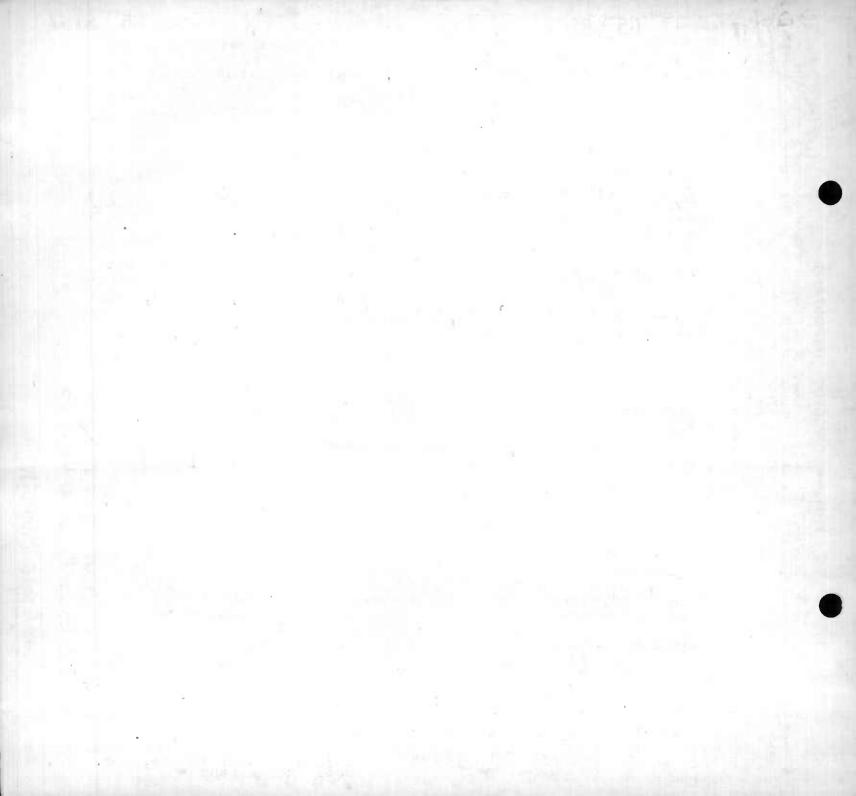


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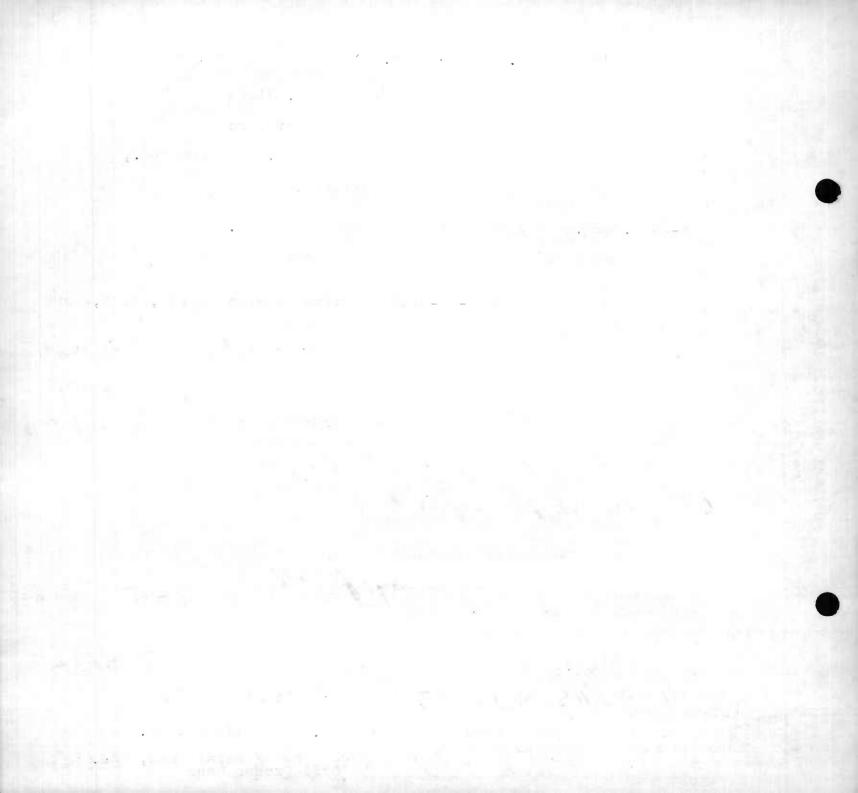
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	60 65 8168		CEDTIEICA	TE OF DEATH	Registered No.	65	8168
1. NAME	SE NO.				AND HOUR OF DEATH		
Type or		L. Coi	CIUE Sr.		8-5-65		1:45 F
FULL HOSP	NAME OF OF ORDER OF OR	or institution, give n)	street	A. STATE  Md. 2:  C. CITY OR TOWN (IF  Baltin  D. STREET ADDRESS	UNTY 1224 outside city limits, write	2	16-146
-				29 N.	Highland	Ave.,	
S. SEX	HALE WHITE	7. MARRIED, NE WIDOWED, I	OIVORCED (specify)	8. DATE OF BIRTH 9/12/1900	9. AGE (In years last birthdoy)	If Under 1 Months Da	Yr. If Under 24 ys Haurs Mi
lane duri	JAL OCCUPATION (Give kind of war ing most of warking life, even if refired)					12. CITIZEN WHAT	OF COUNTRY?
	-Auto.Mech.	Kress	Dairy	Baltimore,			
3. FAIR	John Corr	ie			Hopkins		
5. Was Yes, no o	Deceased Ever in U.S. Armed Fa or unknown) (If yes, give wor or date	es of service)	SOCIAL SECURITY NO.	17. INFORMANT	shar Carri		DDRESS
1B,		213	-03-4245	Nellie Dona	anue Corri	-	ERVAL BETWEEN
DISI	s does not meen the mode of the foliuse, ostherio, etc. It means by or complication which caused ANTECEDENT CAUSES EASES OR CONDITIONS, if to the above cause (A) DERLYING CONDITION lost.	the disease, death.)	(B) CL	1. A. Street chology	oulcer		dap.
= 10	II HER SIGNIFICANT CONDITIONS C THE DEATH BUT NOT REL EASE OR CONDITION CAUSING	ATED TO THE		holicyst			
19A.	DATE OF OPERATION 198. CON WAS PER	FORMED	aMan	20 A. AUTOPSY? (Yes ar	No 208 IF YES, WERE	FINDINGS CO	NSIDERED TH?
V 21A. OR OR	ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF	PORMED SAFE	ALE OF INJURY (e.g., i	20 A. AUTOPSY? (Yes ar n ar about 21 C. WHERE DID ffice bidg., INJURY OCCUR?	IN CERTIFYING CA	FINDINGS CO AUSES OF DEA re City, give es	ATH?
VEDICAL CERTIF	ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF	218, PL.	ACE OF INJURY (e.g., i farm, foctory, street, o	n ar about 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Baltima	AUSES OF DEA	ATH?
WEDI 21 A. OR CO DEA CO OF I (APP 22. thot ond	ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF THE (natify medical examiner)	(Haur) 21E. IN While Work	JURY OCCURRED  At At Wark  At Wark  At Wark	21F. HOW DID II	(If in Baltima	re City, give e	xact lacation) 19 6
21A. OF I DEAD OF I (APP 22. thot ond 23A.	ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF THE (natify medical examiner)  TIME (Month) (Day) (Year) NJURY PROX.)  I certify that (I) (this hospito of (I) (we) lost sow the decease hour and from the causes sto	(Haur) 21E. IN While Work	ACE OF INJURY (e.g., ifarm, foctory, street of JURY OCCURRED  At Nat Whith At Wark  At Wark  At Wark  Me) (did) (dld not) At Phy	21F. HOW DID II	(If in Baltima	re City, give e	xact lacation)  19 6
21 A. BUI	ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF THE (natify medical examiner)  TIME (Month) (Day) (Year)  TIME (Month) (Day) (Year)	(Haur) 21E. IN White Work  I) attended the ed olive on	ACE OF INJURY (e.g., if farm, foctory, street of JURY OCCURRED  At At Wark  At Wark  Accepted from Man. D. Att.  Phy  M.D. Att.  Phy  M.D. E of CEMETERY or CRI	19 ond riew the body ofter deoth  and a about 21 C. WHERE DID ffice bidg., INJURY OCCUR?  21 F. HOW DID II  and Director	(If in Baltima  NJURY OCCUR?  19 65 to 8  that in (my) (our) op  Note that in (my) (our) op  Location (continuous)	inlon deoth of	xact lacation)  19 6  Deccurred on the



6	65 8169		BALTIMORE CITY	HEALTH DEPARTMEN		05 0100
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NAME OF DEC	CEASED			2. DA1	E AND HOUR OF DEA	TH
Type or Print)	MARIE M	218 815		10.1	1 36 W	,9651 8:45 p
PLACE OF DE	ATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE	(Where deceased lived, 1	If institution; residence before odmission
					COUNTY	
FULL NAME O	OF (If not in hospital oddress or location		give street	PENNSYLVA	NIA	ite RURAL and give township)
INSTITUTION						ite KUKAL ond give township!
/				WAWESBO	(If rurol, give location)	7-55
4	remorial He	SPITHL				
	6. RACE				ISON AVE	
SEX	o. RACE	WIDOWEL	NEVER MARRIED DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 H Months Doys Hours Min
F	CAUCASIAN	mai	RIED	11.28-05	58	
	UPATION (Give kind of work working life, even if retired)	108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote o	r foreign country)	12. CITIZEN OF WHAT COUNTRY?
. 4 .				AF		u.s.A.
HOUSE O				14. MOTHER'S MAIDEN	NAME	W
JOS EPH	F D. MOWE	V		ANNIE	ALMA BRI	OVARA
es, no or unknown	Ever in U. S. Armed For	ces?	SECURITY NO.	17. INFORMANT		ADDRESS
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		173-03-198	>		
1B. 4	2 6 4		CAUSE O	THE STATE OF THE S	EID	INTERVAL RETWEEN
7 34	001/1		CAUSE O	OLAIII		ONSET AND DEATH
DISEA	SE OR CONDITION DI	CECILI		1.	1 1 1 -	- 7
rise la lh	OR CONDITIONS, if abave cause (A) G CONDITION last.		(C)	Fremma	y xdem	lest cormany an
TO THE D	III  IIFICANT CONDITIONS CO  PEATH BUT NOT RELA  CONDITION CAUSING I	TED TO TH				nealatout
		DITION FOR	VHICH OPERATION	20 A. AUTOPSY? (Yes	or No. 20B. IF YES, WE	RE FINDINGS CONSIDERED CAUSES OF DEATH?
21A, ACCIDE	NT WAS UNDERLYING	7 718	PLACE OF INJURY (e.g., in	Y/25	ID (If in Relati	more City, give exact locotion)
OR CONTRIBI	UTING CAUSE OF medical examiner	hom etc.	e, form, foctory, street, of	fice bldg., INJURY OCCU	IR?	more City, give exact locotoni
21 D. TIME	(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DI	DINJURY OCCUR?	
OF INJURY			le At Not While	e C		
		Wo				
			ne deceased from I			
that (1) (we)	) lost sow the decease	d olive on	AUGUST 4	19 6 5 or	nd that in (my) (our)	opinion death occurred on the
			) (We) (did) (did not) v			
23A. SIGNATU		7.	-, -, -, -, -, -, -, -, -, -, -, -, -, -			23B, DATE SIGNED
1	0 11	0	M.D. Alle	nding Med.	Stoff -	
Som	ull, Shu	chans	Phy	s. Director	Phy s.	AUGUST H, 9
NAME (	AN'S Type)			23D. ADDRESS		
Same	el Greshan		M.D.			
4A. BURIAL CRE	MATION, 24B. DATE	24C. N	AME of CEMETERY OF CRE	MATORY 2	D. LOCATION	(City, town, or county) (State
REMOVAL		100				
BURIA.	1/1/9	25 (71	REEN HILL (	CMCTERY	YVAYNESIB	ORC, FRANKLIN CO.
5A. DATE REC'D	BY HEALTH DEPT.	25B. NAME	OF REGISTRAR	25C FUNERAL DIRE	CTOR	ADDRESS
AL	JG 6 1965 (i	oberto &	tarley M.A.	Maltin	4. XJune	Wayneshore, &
S 150-REV. 1/1/	/65	- 4	W	1 00	45	

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GENERATION WARRY VILLE

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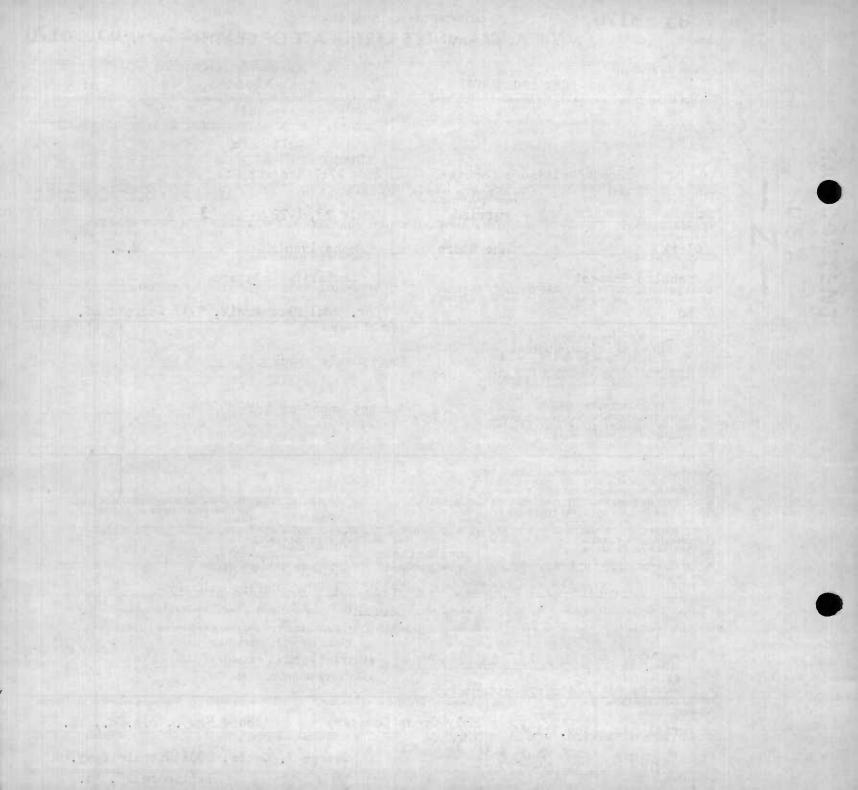
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Samuel C. Suelan.

+ Hubert Co

BIRTH NO. MEDI	CAL EX	AMINER'S C	ERTIFICATI	E OF D	EATH Register	ed No. 9) 01/U	
M.E. CASE NO.				(C) 225V			
1. NAME OF DECEASED			2		HOUR PRONOUNCE	1 00	
RUSE	KACZMAR				st 3, 1965	4:00 p <sub>M.</sub>	
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD					nution: residence before odmission)	
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCALINSTITUTION	L OR INSTITUTION)	TION, GIVE STREET	C. CITY OR TOWN	V (If outside o	corporate limits, write	RURAL and give township)	
INSTITUTION			Baltimor		25-05		
V South Balti	lmore Ge	neral	D. STREET ADDRE	ss (If rurol, gi Everett			
5. SEX 6. RACE	7. MARRIED, WIDO WED, D	NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRTH		9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.	
female white		ried	July 28, 1		43		
tOA, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (St	ote or foreign	country)	12. CITIZEN OF WHAT COUNTRY?	
Clerk 13. FATHER'S NAME	Shoe	Store	Pennsylv:	ania		U.S.	
			L STELLAR				
Nicholas Bonacci 15. WAS DECEASED EVER IN U.S. ARMED	FORCES?	16. SO CIAL	Catheria	ne Moli	naro	ADDRESS	
(Yes, no or unknown) (If yes, give wor or dotes		SECURITY NO.		rr	. : 1- 2212 F		
No IIB.			OF DEATH	naczmar	cik, 3717 E	INTERVAL BETWEEN	
DISEASES OR CONDITIONS, IF A	(C)						
TO THE DEATH BUT NOT REL	ATED TO TI	HE		******			
U 19A, DATE OF OPERATION 19B. CONI		VHICH OPERATION	Yes		B. IF YES, WERE FIN CERTIFYING CAUS CS	ES OF DEATH?	
O UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	21 B. home, etc.)	form, foctory, street, compermantet	the bidg, INJURY	IERE DID (IF	in Boltimore City, giv		
21D TIME (Month) (Doy) (Year) OF INJURY	(Hour) 2	E. INJURY OCCURRED	21 F. HOV	W DID INJUR	OCCUR?		
(APPROX.) 8 3 65	? m. W	HILE AT X NOT	ORK Sho	t durin	g robbery		
22. I certify that I held an In	nquiry 🗌	InspectionAut	apsy X and	that an this	basis, death in m	y apinion	
resulted fram: Natural cau	ses A	ccident Suicid	e Homicide	Un Un	determined manne	r 🗌	
ACTUAL SIGNATURE	rester	and MD	CHIEF ME	DICAL EXA	=	DATE SIGNED	
EXAMINER'S	Breite	necker	ASSOCIATE ME	DICAL EXA	MINER	8-4-65	
23A. BURIAL CREMATION, 23B. DATE REMOVAL (Specify)		C. NAME OF CEMETERY	CREMATORY	23 D. LO	CATION (City,	town, or county) (State)	
Burial Aug 7	1965	Holy Cross C			nie Hgwy.,	A.A.Co., Md.	
		Laber MA	George		e lioni Ri	tchie Hgwy.	
VS 151-REV. 1/1/65	LAi, C	4 5 0 7	0 7 /	8 3		re 25, Md.	

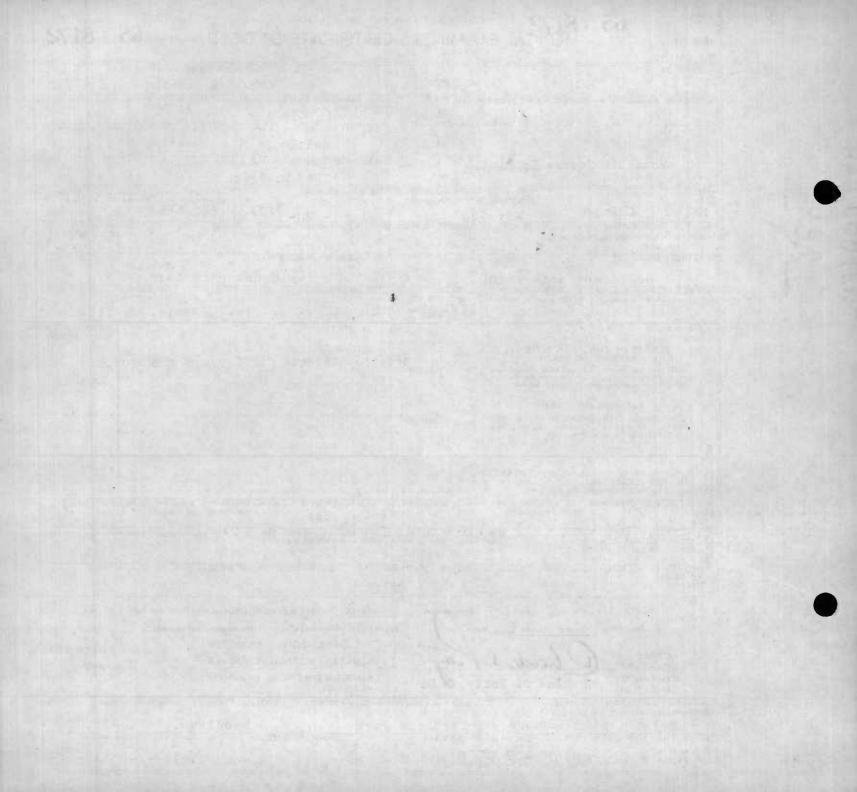
Baltimore 25, Md.





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BIRTH NO. MEDICAL EXAMINER'S CI	ERTIFICATE OF DEATH Registered No. 8172
M.E. CASE NO.	
1. NAME OF DECEASED (Type or Print) HOM SUEY	2. DATE AND HOUR PRONOUNCED DEAD
HOM SUEY  3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	August 4, 1965 11:10 P
CONTROL OF THE PROPERTY OF THE	A. STATE B. COUNTY  Mary land
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (If autside carparate limits, write RURAL and give township)
INSTITUTION	Baltimore 9-04
7 / Franklin Square Hospital	D. STREET ADDRESS (If rurol, give lacotion)
56	1818 W. Pratt Street
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH  9. AGE (In years   If Under 1 Yr. If Under 24 Hrs.   Months, Days, Hours, Min.
Male Chinese Married	About-Jan- 1897   68 (about)
to A. USUAL OCCUPATION (Give kind of work TOB. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
retired Laundry	China ? (in U.S.45yrs
13, FATHER'S NAME	14. MOTHER'S MAIDEN NAME
could not ascertain 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL	could not ascertain
(Yes, na ar unknown) (If yes, give wor ar dotes of service) SECURITY NO.	I// INFORMANT
no no 114-0,7-071	Mr. Herman Kim (friend) 913-E-Balto-St-21202
18. 4 2 2 1 1 CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
I This does not mean the mode of dying, e.g., Diff to	riosclerotic Cardiovascular Disease.
heart failure, asthenia, etc. It means the diseases it	
ANTECENDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
(C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 198, CONDITION FOR WHICH OPERATION	20A, AUTOPSY? (Yes or No.) 20B, IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED	Yes IN CERTIFYING CAUSES OF DEATH? Yes
ZIA. EXTERNAL CAUSE WAS  O UNDERLYNG □ OR CONTRIB-  O UNDERLYNG □ OR CONTRIB-  O UNDERLYNG □ OR CONTRIB-	in ar about 21C. WHERE DID (If in Baltimare City, give exact location)
UTING CAUSE OF DEATH,	INCO GOGG, INCOCCOR:
21D TIME (Manth) (Day) (Year) (Haur) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
OF INJURY (APPROX.)  WHILE AT NOT WORK AT W	WHILE
22.	
	apsy X and that on this basis, death in my opinion
resulted fram: Natural causes X Accident Suicide	
ACTUAL ()	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE ( Loules I fally M.D.	ASSISTANT MEDICAL EXAMINER X 8/5/65
EXAMINER'S Charles S. Petty, M.D.	ASSOCIATE MEDICAL EXAMINER
23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY o	or CREMATORY 23D. LOCATION (City, town, or county) (State)
REMOVAL (Specify)	onk Woodlawn Rolto 21207
burial Aug-9-65 Lorraine Para Dept. 248, NAME OF REGISTRAR	ark Woodlawn, Balto-21207  [24C. FUNERAL DIRECTOR ADDRESS
AUG 9 1965 Robert E. Farley M.	Stewart & Mowen Co. 108-W-North-Av-21201
The state of the s	bewart & Mowell Co. 100-W-Not on-MV-21201
VS 151-REV. 1/1/65	



3:00P

If Under 24 Hrs.

21229

Hours

eath IMPORTANT DIRECTOR: FUNERAL 6 approved

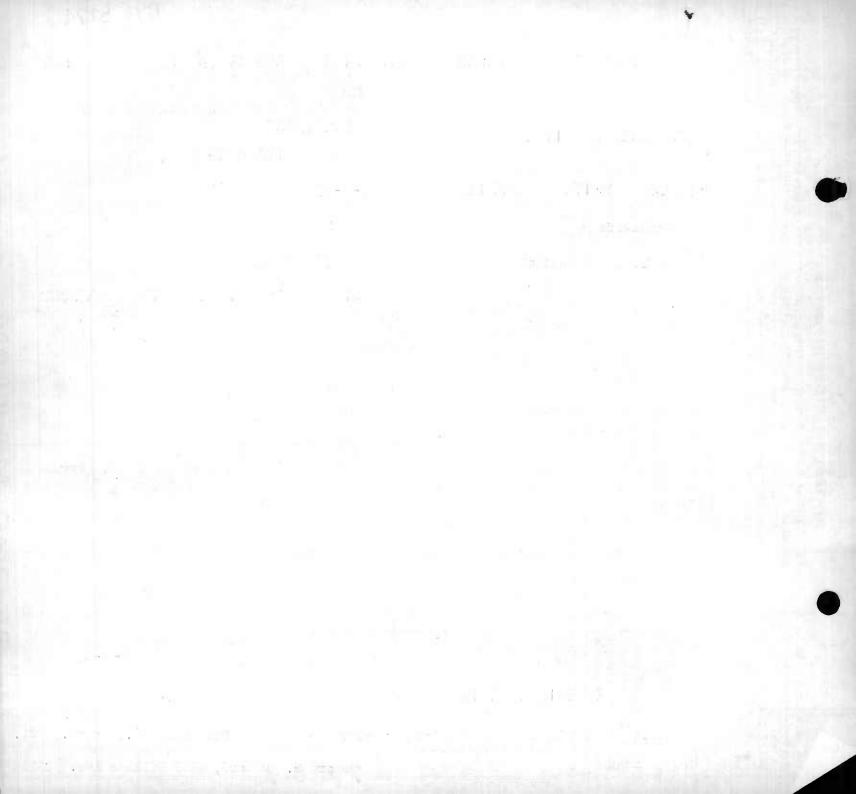
VS 150-REV. 1/1/65

and

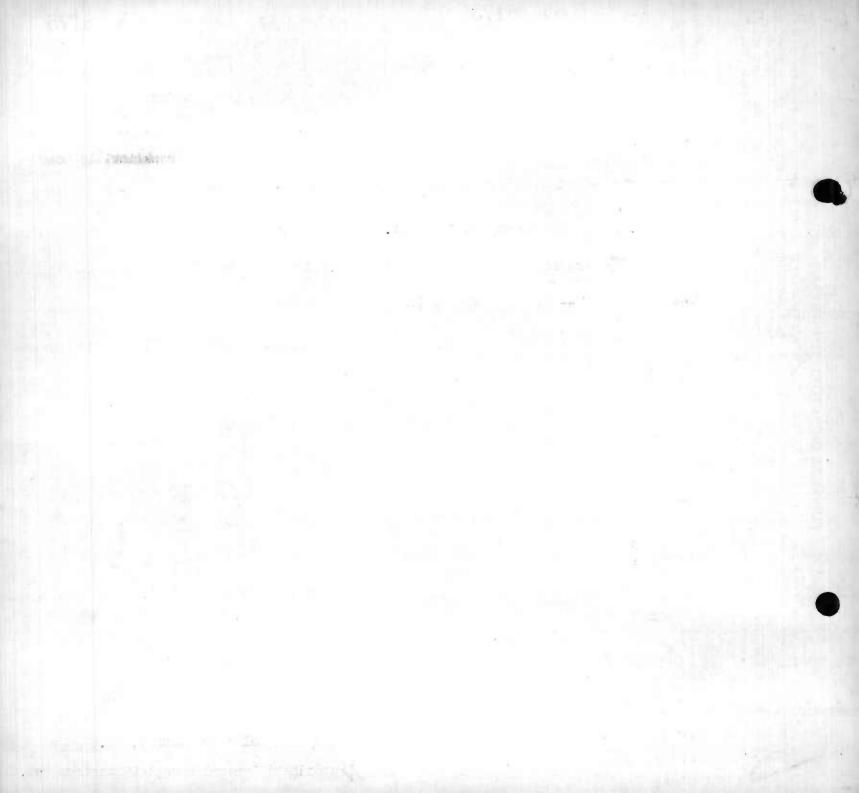
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occurred



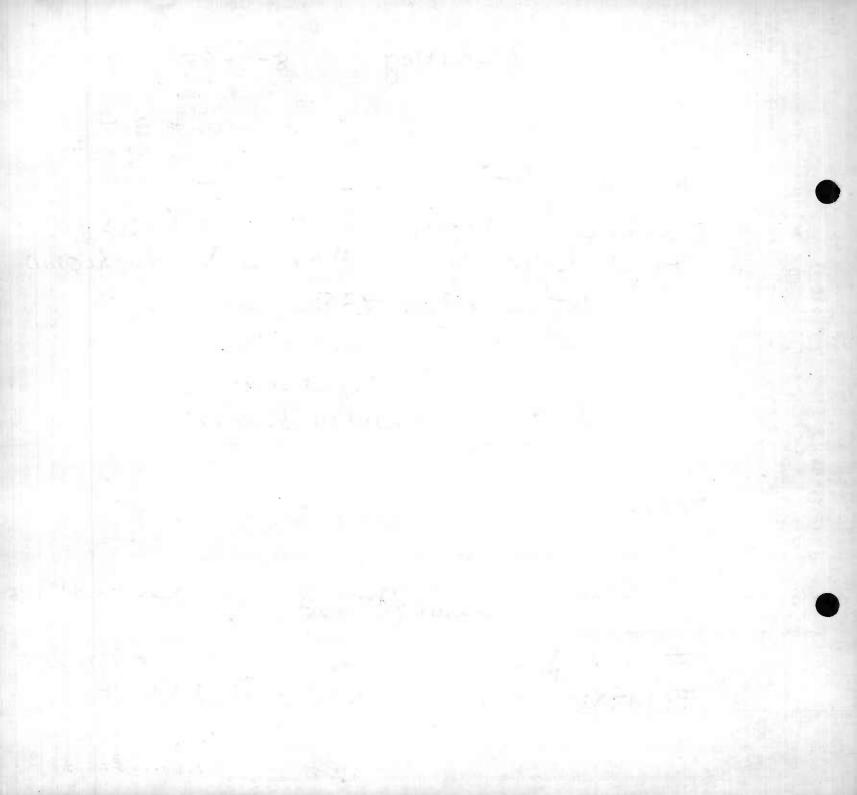
201	65 8175 BALTIMORE CIT HEALTH DEPARTMENT	CE DAME
2.0.5	CERTIFICATE OF DEATH Registered No.	00 31/5
1	NAME OF DECEASED  7. NAME OF DECEASED  2. DATE AND HOUR OF DEATH	- CO
	ERUSSE HENRY CARL CHIQUIL 3 1	965 19 P
-	B. PLACE OF DEATH IN BALTIMORE, MARYLAND  4. USUAL RESIDENCE (Where deceosed lived, If it A. STATE B. COUNTY	institution: residence before admission
	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location)	
	INSTITUTION (If outside city limits, write	/ >>
	D. STREET ADDRESS (If rurol, give locotion)	62-00
	11: 11: 11: 11: 11: 11: 11: 11: 11: 11:	anklinville Road
1 10 11	S. SEX 6. RACE 17 MARRIED, NEVER MARRIED 8. DATE OF BIRTH 19. AGE (In years	If Under 1 Yr., If Under 24 Hr
	M WIDOWED, DIVORCED (sagarify) 12/24/24 lost birthdoys	Months Doys Hours Min.
	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
•	Polecena County Police Dept. Maryland	USA
1	3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
	Edward Crusse Elizabeth Zulauf	
	5. Was Deceased Ever in U. S. Armed Forces? Yes, no of unknown) (III yes, give wor of doles of service)  16. SOCIAL SECURITY NO.	ADDRESS
	Yes WW 11 212 20 7160 Medical Record	
	18. 420. 1 CAUSE OF DEATH	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
	(This does not mean the made of dying, e.g., DUE TO	on 10 day
	heart failure, asthenia, etc. II means the disease,	
	injury or complication which coused death.)	GOANY
	ANTECEDENT CAUSES  (B) CONTROL TO  DUE TO	
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the (C)	
ı	UNDERLYING CONDITION last.	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	/
	TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITION CAUSING IT.	
		FINDINGS CONSIDERED
		AUSES OF DEATH?
	OR CONTRIBUTING CAUSE OF	re City, give exact location)
	▼ DEATH (notify medical examiner) etc.)	
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	NA THE WATER
	(APPROX.) While At Work At Work	
	22. I certify that (1) (this hospital) attended the deceased fram July 24 1965 to Cl	engent 5 1965
ı	that (I) (we) last saw the deceased alive on august 3 19 6 5 and that in (my) (aur) ap	
	and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the bady after death.	
	23A. SIGNATURE	23B. DATE SIGNED
į	Borrell Al Arealized M.D. Attending Med. Director Phys.	8/3/65
	23 D. ADDRESS NAME Rype)	0/0/
ŀ	RAPPY AL ROSENISALIKA M.D. LIMIVERSITY HOS	PITAL
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION	City, town, or county) (State)
	REMOVAL (Specify)	
	Burial 8/7/65 Oak Lawn Cemetery Baltimore Con 25A DAY REC'D BY HEALTH DEPT. 25B NAME OF REGISTRAR 25C. NUNERAL DIRECTOR CONTRACTOR C	inty, Md ADDRESS
	AUG 9 1965 (1) O. B. C. Fa O. M. S.	2
iI.	Buzdziński wegal Home	2 1407 Eastern Av
١	/s 150-REV. 1/1/65	-



224	CE 8176 BALTIMORE CITY HEALTH DEPARTMENT
5 + 5 + 5	M.E. CASE NO.  CERTIFICATE OF DEATH  Registered No. 65 8176
ase ase	1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH
fal al f dea on t	3. PLACE OF DEATH IN BALTIMORE MARYLAND  14. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
.d ∘ □ e t	A, STATE B, COUNTY
hos use (5)	FULL NAME OF (If not in haspital ar institution, give street address ar location)  C. CITY OR TOWN (If outside city limits, write RURAL and give Township)
cau cau use; tend	MAKY AND UNIVERSITY MOSPITAL Balto 11
can can	8/17/65 D. STREET ADDRESS (If ruyal, give locotion)
butined lar	5. SEX   6. RACE   7. MARRIED, NEW MARKET   3239 Chust nut Ave
occur nntrib rrmin egul ased	MIN S VIDOWED, DIVORCED (Specify) G last bighday Months Doys Hours Min.
o o o o o o o o o o o o o o o o o o o	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)   12. CITIZEN OF
der der	done during most of working life, even if retired) Machinist helper Mad
if death rect or c (4) Undet was in the dec	13. FATHER'S NAME
F i f i d i s i s i s i s i s i s i s i s i s	Withour Metcat Rosa Shipley
AN stan	15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)  16. SOCIAL SECURITY NO. 17. INFORMANT  SECURITY NO. 17. INFORMANT
ssista the kind dea nce final	NO 215-03-7883MKS IAWMHI GARDNEK 29 Chestrut
if if	18. 14-7X H. 260X CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
den + 0 + 1	DISEASE OF CONDITION DIRECTLY
04 5 5 5 5	(This does not mean the made of dying, e.g., DUE TO
R: er. ctu pro pro lar	heort failure, asthenia, etc. Il means the disease, injury or camplication which coused death.)
CTO camir amin A fra vho regul	
× × × × × × × × × × × × × × × × × × ×	DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stoting the (C) A pyrytonn Sing (7/0) Zyrs
- OO E.E.S	UNDERLYING CONDITION Iosi.
borns; bysicia	Z OTHER SCHIFTCAN CONTRIBUTING
phy an	of the significant conditions contributing to the DEATH BUT NOT RELATED TO THE PRICE
d y ici	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
Bo th th re-	VES -
tal by e; (2) here do ph	Or CONTRIBUTING Cause OF INJURY (e.g., in or obout 21 f. WHERE DID (If in Baltimare City, give exact location)  OR CONTRIBUTING CAUSE OF Home, form, factory, street, office bldg., INJURY OCCUR?
A N P	U
ature pt wh (6) N ined	OF INJURY  (APPROX.)
x cel	22. I certify that (I) (this hospital) attended the deceased fram
f and	that (1) (we) last saw the deceased alive an 8-3 19 65 and that In(my) (aur) opinion death accurred an the dat
d t of t o	and haur and from the causes stated above. (1) (did) (didnot) view the body after death.
st her desperance	23A. SIGNATURE
ele ccic to to	Muhala Busch M.D. Attending Med. Director Phys. 4 8-6-65
	CEORGE H. Yeager M.D. 212 Ridgewood and Balto
y was r y was r 1) An a 3.A. at d prior approv	900192
700	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY GREMATORY 24D. LOCATION (City, town, or county) (State)
the bod shows: ( was D.C decease	DURIAL 8-968 NULLI KIDGE BALTO MISSESSESSESSESSESSESSESSESSESSESSESSESSE
show was dece	AUG 9 1965 Robert & Lange of Registrar 250 TUNERAL DIRECTOR BOLL & BOLL & Lange of Registrar 250 TUNERAL DIRECTOR BOLL & B
	VS 150-REV1/1/65

policy # 5926440 from John Hancock Insurance Company. 9/1/65

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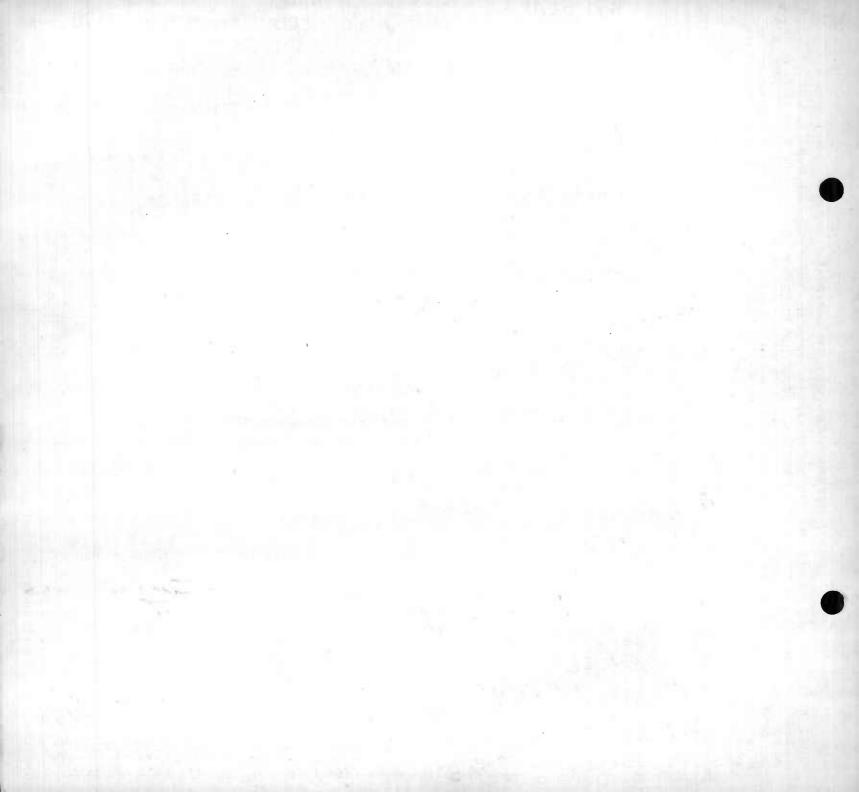
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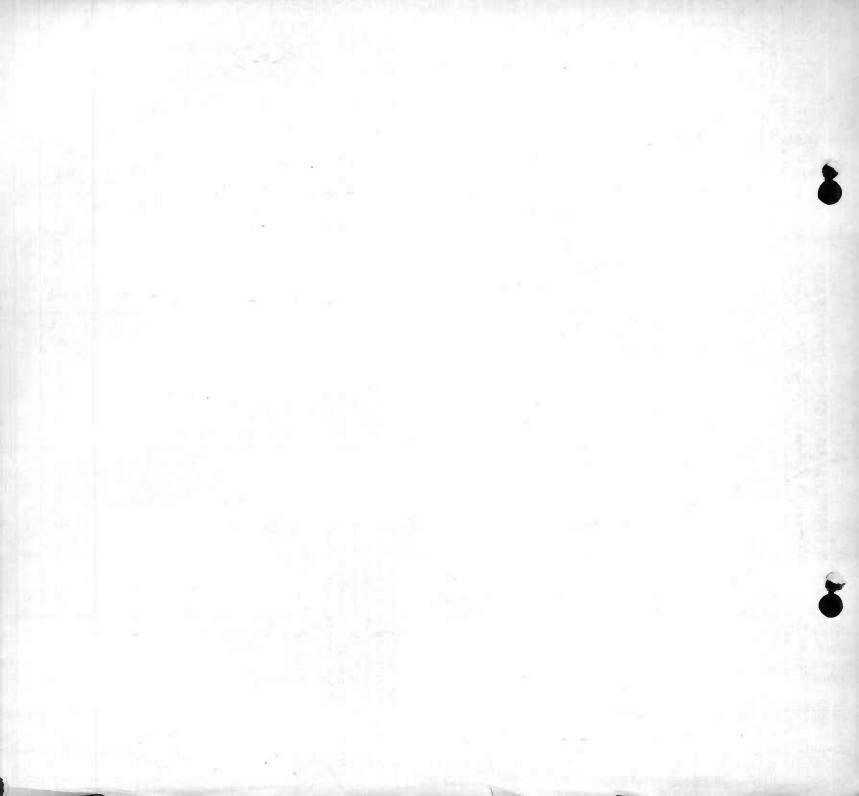
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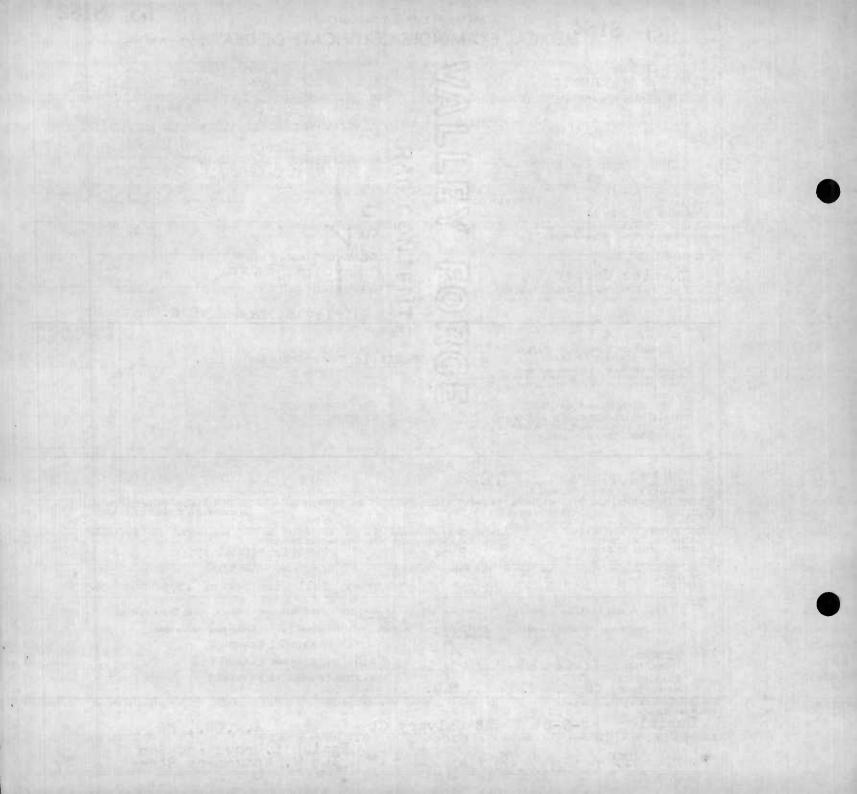
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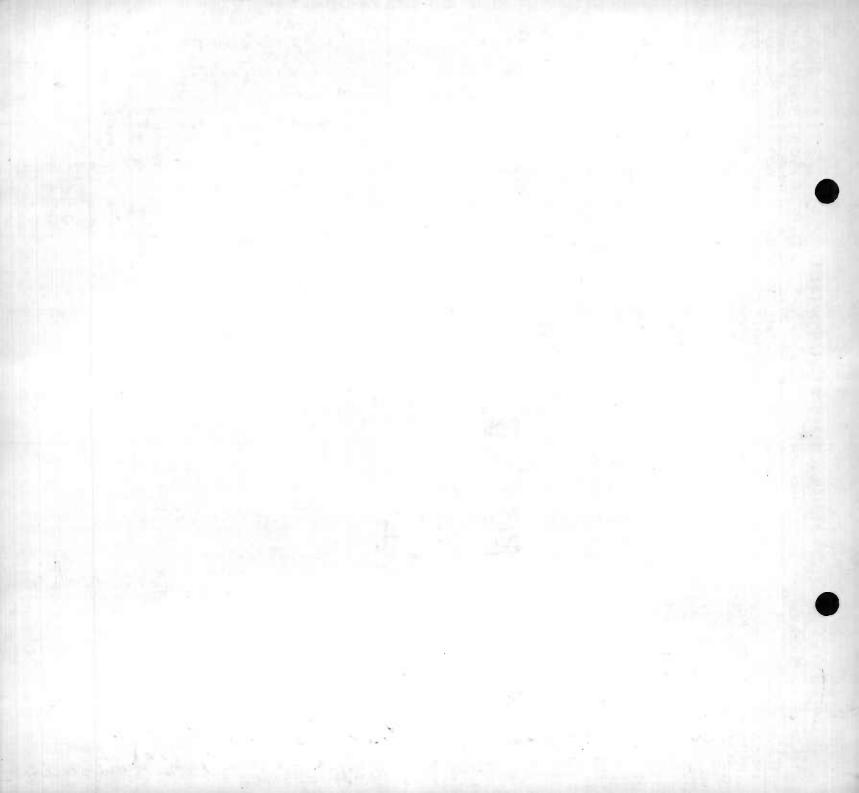


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	Albert		

BIRTH NO. 65	MED	ICAL EX	CAMINER'S C	ERTIFICA	TE OF	DEATH Registe	red No.
M.E. CASE NO.							
1. NAME OF DE			OD ATTEC			D HOUR PRONOUNC	ED DEAD
	JUANITA		GRAVES			st 5, 1965	1:00 A A
3. PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONOL	JNCED DEAD	4. USUAL RESID	DENCE (Where	deceosed lived, If inst	itution: residence before odmissio
FULL NAME OF	UE NOT IN MOSPIT	AL OR INSTITU	JTION, GIVE STREET	Ma	aryland		
HOSPITAL OR	ADDRESS OR LOCA	TION)	THOM, GIVE STREET	C. CITY OR TO	WN (If outsid	le corporate limits, write	RURAL ond give township)
INSTITUTION				Ва	altimore	2	-0
2 John	ns Hopkins Hos	spital		D. STREET ADD			
		1			01 Tenp	oin Alley	
5. SEX	6. RACE	7. MARRIED,	NEVER MARRIED	B. DATE OF BIRT	Н	9. AGE (In years	If Under 1 Yr. If Under 24 H
T1.	Name	WIDOWED,	DIVORCED (specify)			last birthdoyl	Months Doys Hours Min
Female	Negro	700 10110 01	BUILDINGS OF INDUSTR	V11 NOTUR ARE	/F1-1 - E '		
	UPATION (Give kind of working life, even if refired)	KIOB KIND OF	- ROZINEZZ OK INDOZIK	TII. BIKIMPLACE	(21016 01 10161	gn country)	12. CITIZEN OF WHAT COUNTRY?
				hM.			
13. FATHER'S NA	ME			14. MOTHER'S M			
Charl	Les Comper			Mryth]	re Romi	nan	
	ED EVER IN U.S. ARMED		16. SO CIAL	17. INFORMANT			ADDRESS
(Yes, no or unknown	n) (If yes, give wor or dote	es of service)	SECURITY NO.	a) 1 3		- 0000 8	Chage St
				Shirles	Spend	ce 2249 B.	
18.	02.0		CAUSI	OF DEATH			ONSET AND DEAT
	SE OR CONDITION DI	PECTIV					ONSE! TIME SEM
Dista	LEADING TO DEATH		Mult:	iple Traun	natic Ir	njuries.	
(This does	not mean the mode of	dying, e.g.,	DUE TO	-F			
injury or co	e, osthenio, etc. It meons amplication which caused	the disease, death.)					The second second
	ANTECENDENT CAUSI	ES	(R)				
DISEASES	OR CONDITIONS, IF A	NY, GIVING	DUE TO		*****************		
	NG CONDITION LAST.	IA III O THE					
Z			(C)				
E	II II						
OTHER SIG	INFICANT CONDITIONS						
	DEATH BUT NOT RE		Mt		*****************		
19A. DATE O	F OPERATION 198, CON		WHICH OPERATION	20A. AUTOPS	r? (Yes or No)	208. IF YES, WERE FI	
5	WAS PER	FORMED		Yes	2	IN CERTIFYING CAU	SES OF DEATH? Yes
ZIA EXTERNA	AL CAUSE WAS	21R	PLACE OF INJURY (e.g.,			(If in Boltimore City, oi	
UNDERLYING	MOR CONTRIB-	home	, form, factory, street,	office bldg., INJUR	Y OCCUR?		
	USE OF DEATH,	etc.)	Home	150	II Tenp	in Alley	6-05
Z 21D TIME	(Month) (Doy) (Yeo	ii) (Hour) 2	TE. INJURY OCCURRED	21 F. H	OW DID INJ	URY OCCUR?	
OF INJURY (APPROX.)	8 2 '65	P	WHILE AT NOT	WHILE X Fa	11 from	second floo	r window.
22.	0 2 03		WORK AT V	VORK 24 1 4.	LI IIOM	occond 2200	
	rtify that I held on I	nquiry	Inspection Au	tapsy X on	d that on th	is bosis, death in n	my opinion
	.land from Massian on		Accident X Suicio		ا ماد:	Undetermined monne	
resu	ilted from: Notural ca	oses	Accident X 301616				er
ACTUA	. 01		1/-			XAMINER	DATE SIGNED
SIGNAT		carles 5	/ cely M.T	ASSISTANT N	EDICAL E	XAMINER X	
EXAMI			1	ASSOCIATE A			8/5/65
NAME	(Type) Charles	S. Peti	ty, M.D.				
23A, BURIAL CRI	EMATION, 23B. DATE		C. NAME OF CEMETERY	or CREM ATORY	23D. L	OCATION (City,	, lown, or county) (Stote)
REMOVAL (Speci	fy)	٠, ١					
Buria		_	t Calvary			.A.CO., Mc	
24A. DATE REC'E	BY HEALTH DEPT.	24B, NAME	OF REGISTRAR	24C. FUNE	AL DIRECTO	2	ADDRESS
₩11/3¥0	1965 A D. B	12 9	8	TOO	W Mon	rown and S	OOIF
Modra	1300 ( Calsel	E. Jan	bey Mar Co	-100	MAINOU	tgomery St	treet
VS 151-REV. 1/1	/65 m/ 5/10	9 4	may have here		J 64		

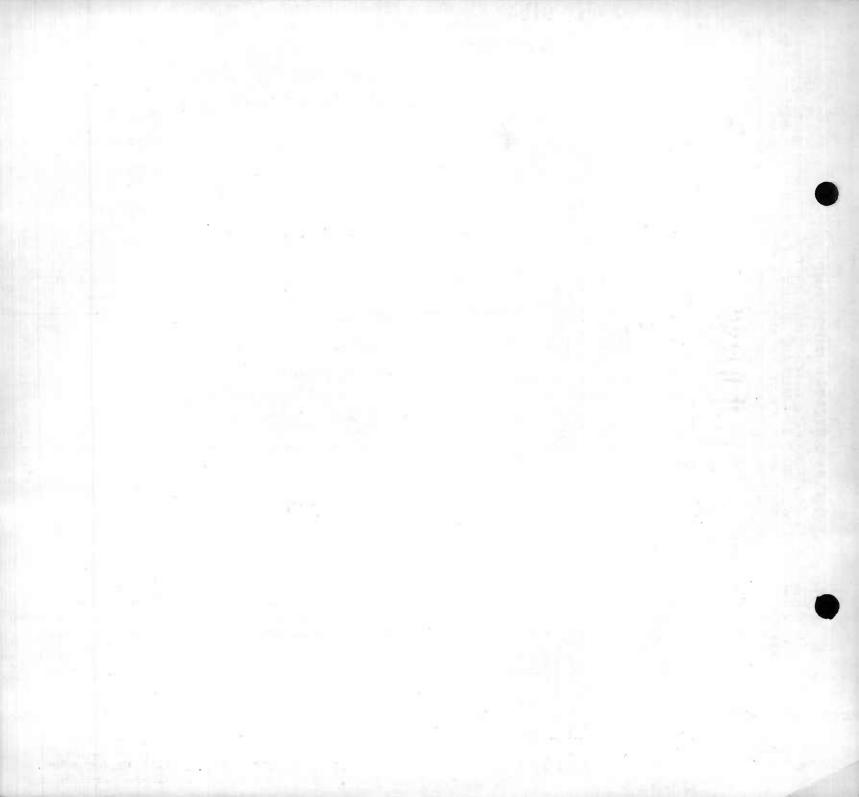


BALTIMORE CITY HEALTH DEPARTMENT BIRTH NO. CERTIFICATE OF DEATH Registered No death Deceased and M.E. CASE NO. I, NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) uo hospital death. 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where declased lived, 11 institution; residence before admission)
A. STATE
B. COUNTY ance (2) Cause (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give fownship) INSTITUTION mox 0 D. STREET ADDRESS contributing P ermined 2 Dom 7. MARRIED, NEVER MARRIED 5, SEX B. DATE OF BIRTH 9. AGE (In ye If Under 1 Yr. If Un Months Doys Hours If Under 24 Hrs. WIDOWED, DIVORCED (specify 90 eceased lost birthdoy 10A, USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY disposition 2 done during most of working life, even if retired) 13, FATHER'S NAME 14. MOTHER'S MAIDEN NAME direct 4 IMPORTANT eath LO Wos Deceased Ever in U. S. Armed Forces? les, no or unknown (III yes, give wor or dates of service) 17. INFORMANT ADDRESS 6. SOCIAL final SECURITY NO. endance 0 CAUSE OF DEATH INTERVAL BETWEEN pronounce ONSET AND DEATH DISEASE OR CONDITION DIRECTLY med LEADING TO DEATH atto (This does not meon the mode of dying, e.g., embal heart lailure, asthenia, etc. It means the disease, 0 DIRECTOR: injury or complication which caused death.) fra regul ANTECEDENT CAUSES who are DISEASES OR CONDITIONS, il any, giving rise to the obove couse (A) sloting the physician the remains UNDERLYING CONDITION last. Was II FUNERAL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? before 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in or about 17C. WHERE DID home, form, factory, street, office bldg., MJURY OCCUR? (If in Boltimore City, give exact location) hospital å DEATH (notify medical examiner) MEDIC/ obtained 21 D. TIME (Month) (Doy) (Year) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY (except While At Not While (APPROX.) At Work Work and the any 22. I certify that (1) (this hospital) attended the deceased from to that (1) (we) last saw the deceased alive on .... and that in (my) (aur) aplaion death accurred an the date pe death) of hospital and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death. must 23A. SIGNATURE 23B. DATE SIGNED Attending Med. Stoff M.D. acci Phys. approval 0 23 C. PHYSICIAN'S 23D. ADDRESS prior SD to NAME (Type) M Byers M.D. 24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY of CREMATORY 24D, LOCATION eceased (City, town, or county) REMOVAL (Specify) written SD DDRESS VS 150-REV. 1/1/65



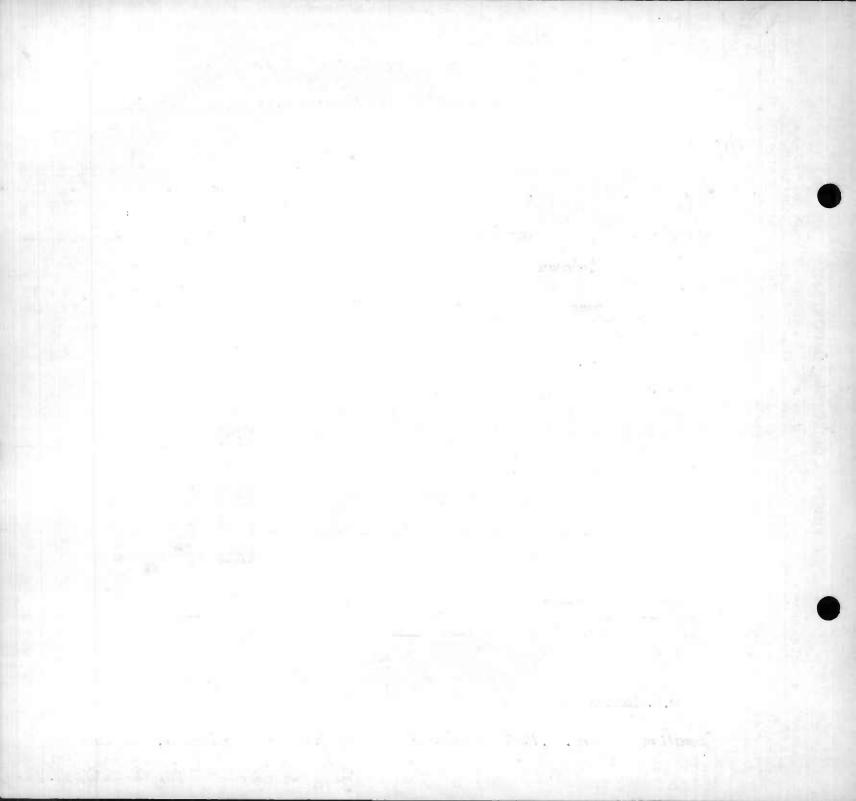
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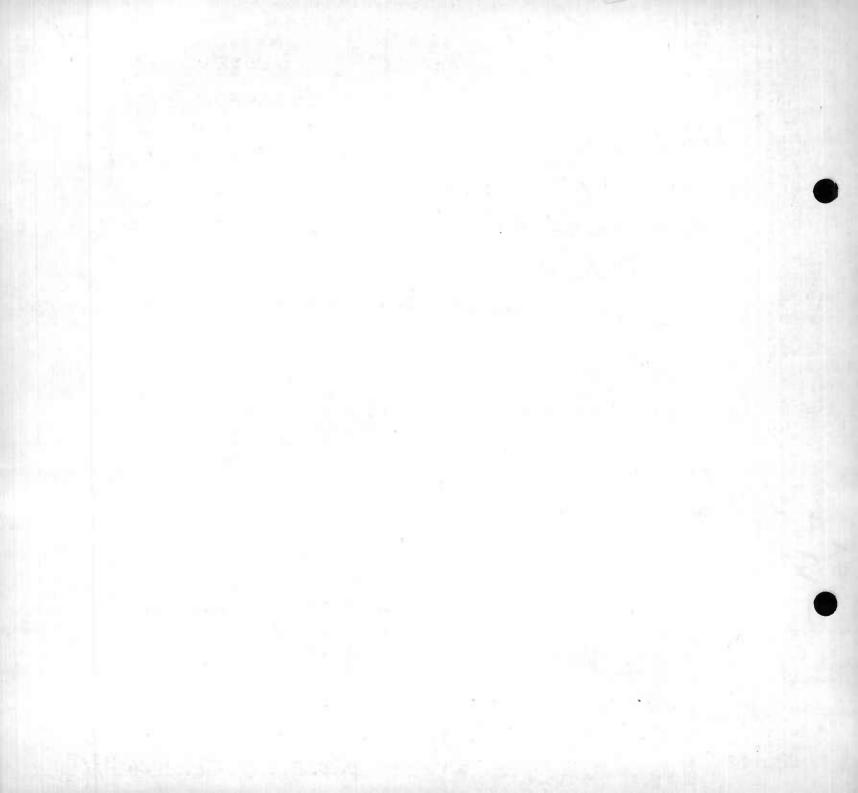
FUNERAL DIRECTOR:



	65 8100	BALTIMORE CITY	HEALTH DEPARTMEN	IT	65 0400
BIRTH	18-01	ST CERTIFICA	TE OF DEAT	H Registered No.	00 8185
1. NAM	AE OF DECEASED COURTE	NAY ,		E AND HOUR OF DEATH	
1 Type (	HERCULES COUR	THEY JENIFE		UGUST 4,19	9651 7:25PM
3. 1.4	ERTIFICATE	AMENDED	A. STATE B. C	COUNTY	stitution: residence before odmission)
HO:	L NAME OF (If not in hospital or instit SPITAL OR oddress or location)	ition, give street 0710705	C. CITY OR TOWN	BALTIMORE (If outside city limits, write	PUPAL and give township)
INS	TITUTION	11	RURA	TIMONIC	21002
1/ 1	UNION MEMORIAL	HOSPITAL +	D. STREET A'DDRESS	(If rurol, give location)	
	NA PARTIES	e <sub>y</sub> e		R KD.	
5. SEX		OWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years last binhaby)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
OA US	SUAL OCCUPATION (Give kind of work 10B. KII	ARRIEU	11. BIRTHPLACE (State o	0 2	12. CITIZEN OF
	oring most of working life, even if retired)	1.00	10000000	24.4	WHAT COUNTRY?
3. FA1	THER'S NAME	AW	14. MOTHER'S MAIDEN	HAME NAME	0,5,
-	To O Town		M	AA	
5. Wa	S Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	REI MOC	ADDRESS
Yes, no	or unknown) (If yes, give wor or dates of se	vice) SECURITY NO.	7554 v = ==	T	Snort
18.	none	CAUSE O	F DEATH	-MA JENIF	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY		DEATH		ONSET AND DEATH
	LEADING TO DEATH	(A) B1.	LATERAL P	NEUMONIA	
	his does not meen the mode of dying, port foilure, osthenio, etc. It meens the dis	e.g., DUE TO	ाम मा क्या के के के रिवेट के के के क्या का	r 800 an amanta an aman 200 an 1 an 200 an 1 an 100 an 1 an 100 an 1	600 6 9 ma Condition 600 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
in	jury or complication which coused death.)	Co	NGESTIVE	FAILURE	
	ANTECEDENT CAUSES	DUE TO			**************************************
ris	ISEASES OR CONDITIONS, if any, goesto the above cause (A) stating	the (C) ARTE	RIOSCLEROTIC	CARDOVASCULAR	USEASE
U	NDERLYING CONDITION Iosi,				
Z	THER SIGNIFICANT CONDITIONS CONTRIB	UTING			
E I T	O THE DEATH BUT NOT RELATED THE SEASE OR CONDITION CAUSING IT.				
RTIFIC.	A DATE OF OPERATION 198 CONDITION		20A. AUTOPSY? (Yes	or No. 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
Mil Innove	A. ACCIDENT WAS UNDERLYING	21P PLACE OF INTURY (o. a. in	110		
7 0	R CONTRIBUTING CAUSE OF	21B PLACE OF INJURY (e.g., in home, form, factory, street, of etc.)	fice bldg., INJURY OCCU	R?	e City, give exact location)
U	D. TIME (Month) (Doy) (Year) (Hour		215 HOW DIS	NJURY OCCUR?	
A OL	FINJURY	White At Not Whit		NINJORT OCCOR:	
		Work At Work			11
1	. I certify that (49) (this haspital) atten		JGUST 3		GUST 4 1965
	at 🇯 (we) last saw the deceased allve				nian death accurred on the date
	A. SIGNATURE	ve. ख्रा (We) (did) <del>(did noi</del> ) v	iew the bady after de	ath.	23BADATE SIGNED
23,	PE. C. A.	M A M.D. AH	ending Med.	Staff 8	DAIS 4 191
239	C.PHYSICIAN'S	Phy	s. Director L 23D. ADDRESS	Phys.	19000ST 1,110
	DR. L. EVAN CUS	A 10 10 10 10 10 10 10 10 10 10 10 10 10			
24A. B		4C. NAME of CEMETERY of CRI	MATORY 24	D. LOCATION (C	ity, town, ar county) (State)
R	EMOVAL (Specify)	Druid Ridge Cem			
			29C. FUNERAL DIKE	Piksville, Ma	ADDRESS
	AUG 9 1965 Robert &	ME OF REGISTRAR	John Ru	1500 Love	Town Med
V\$ 150	9-REV. 1/1/65		Janil Jon	The state of the s	tion of Him

E1 C.L.

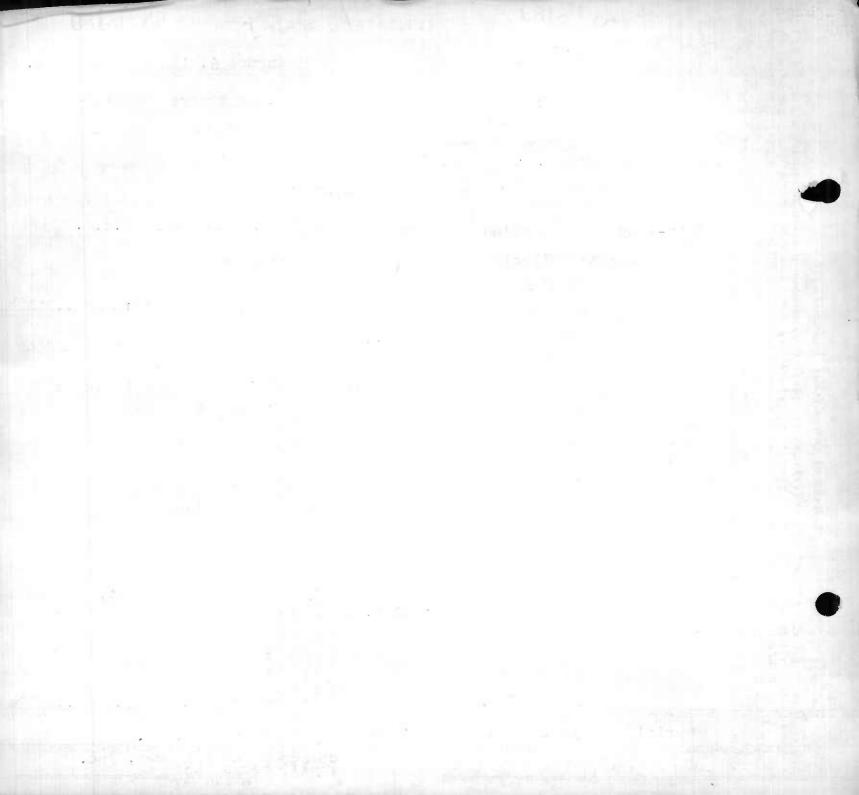


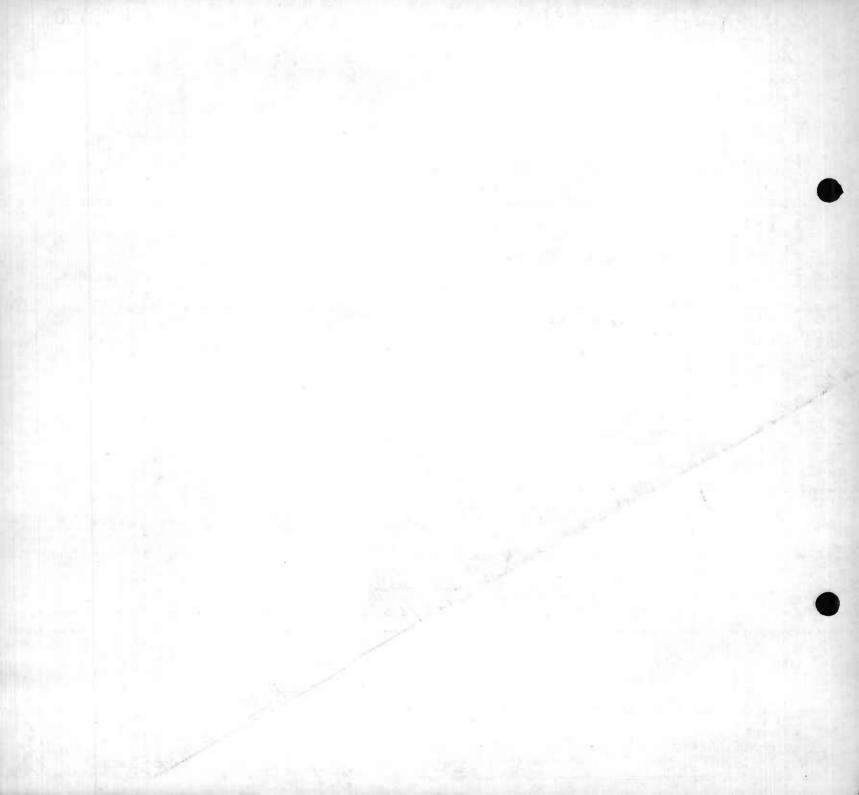


DECEASED				2. DATE AND	HOUR PRONOUNG	CED DEAD		
	TH BUTLE	R		August	t 3, 1965		3:25 p M.	
E OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET R ADDRESS OR LOCATION)			4. USUAL RESIDENCE (Whore deceased lived. If institution: residence before admission) A. STATE Maryland C. CITY OR TOWN (If outside carparate limits, write RURAL and give township)  Baltimore D. STREET ADDRESS (If rure), give lacation)					
St. Agnes Hospi	t-o1				ne Avenue			
6. RACE	7. MARRIED, WIDOWED, D	NEVER MARRIED	B. DATE OF BIRTH	1	9. AGE (In years lost birthday)		TYr. If Under 24 Hrs. Doys Hours Min.	
White OCCUPATION (Give kind of work st af warking life, even if retired)		married BUSINESS OR INDUSTI	100	State or foreign of Vland	country)	12. CITIZ	EN OF AT COUNTRY?	
NAME	2801170		14. MOTHER'S M					
old L. Butler			T	helma V	. Collin	18		
EASED EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORM ANT			ADDRES		
			Mr. Har	old But	ler 2560	Marl	ourne Ave	
SEASE OR CONDITION DIR LEADING TO DEATH oes not mean the made of ilure, asthenia, etc. 11 means or complication which coused de	dying, e.g.,		rstitial p	neumoniti	is		INTERVAL BETWEEN ONSET AND DEATH	
ANTECENDENT CAUSE: SES OR CONDITIONS, IF A: O THE ABOVE CAUSE (A) ST RLYING CONDITION LAST.	NY, GIVING	(B) DUE TO						
II SIGNIFICANT CONDITIONS ( HE DEATH BUT NOT REL SE OR CONDITION CAUSING	ATED TO TH				000000000000000000000000000000000000			
		HICH OPERATION	20A. AUTOPSY	(Yes or No) 20	B. IF YES, WERE F	INDINGS C	ONSIDERED	

1B. (This hoart injury DISE RISE UND CERTIFICATION OTH TO DISE 19A. DA 21 A. EX UTING 21D TIME 21F. HOW DID INJURY OCCUR? (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY m. WHILE AT NOT WHILE (APPROX.) Autopsy X ond that on this basis, death in my opinion I certify that I held on Inquiry Inspection resulted from: Notural couses X Accident Suicide Homicide \_\_\_ Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL M.D. ASSISTANT MEDICAL EXAMINER X SIGNATURE 8-4-65 EXAMINER'S ASSOCIATE MEDICAL EXAMINER NAME (Type) Rudiger Breitenecker 23A, BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY of CREMATORY 23 D. LOCATION (City, town, or county) (Stole) REMOVAL (Specify) Glen Haven Mem. Pk. Glen Burnie, Md. Burial 24A. DATE REC'D BY HEALTH DEPT. 248, NAME OF REGISTRAR 24C. FUNERAL DIRECTOR ADDRESS JOHN F. DENNY, INC. 715 Light St VS 151-REV. 1/1/65

HETTERS TO APPEAR The restrict of the walter three in the LEW STREET ST. STATES OF THE STATES OF THE STATES





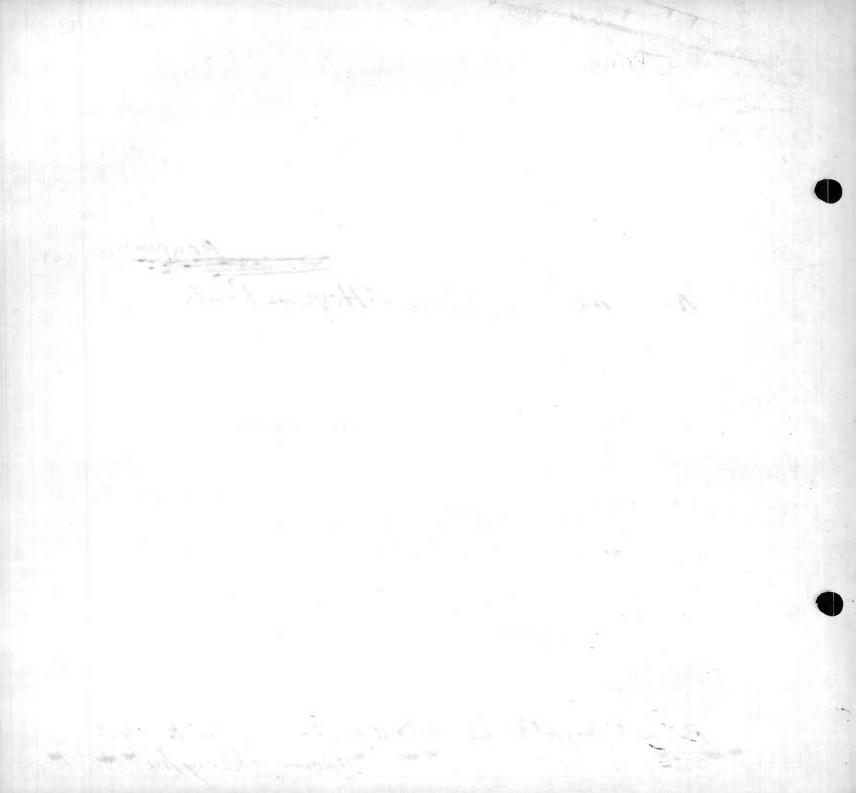
M.E. CASE NO.		TE OF DEATH /
1. NAME OF DECEASED	FOUNTAIN	2. DATE AND HOUR OF DEATH
3. PLACE OF DEATH IN BALTIMORE, MAR	H//EUTH Lola R. Sta	
S. PLACE OF BEATH IN BALTIMORE, MAR	REAND	4. USUAL RESIDENCE (Where deceased lived. If instit
FULL NAME OF (If not in hospital a	or institution, give streat	Thoughout Bullincore
HOSPITAL OR oddress or location	1.	C. CITY OR TOWN (If outside city limits, write RU)
1 Hareblin faces	re Hospital	fallinge 25, AA.
CERTIFICATE	AMENDED	D. STREET ADDRESS (If rurol, give locotion)
CLECTICITIE		238 Daris Ave.
S. SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DWORCED (specify)	B. DATE OF BIRTH 9. AGE (In years lost birthdoy)
F W!	married	4 1 34 104 38 424.
10A, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	IOB. KIND OF BUSINESS OR INDUSTRY	
Housewife		neongland
13. FATHERS NAME		14. MOTHER'S MAIDEN NAME
Franke Strake	62	Virginia Johnson
IS. Was Deceased Even in U.S. Armed Force	es? 16. SOCIAL	17. INFORMANT
(Yes, no or unknown) (If yes, give wor or dotes	SECURITY NO.	Idustino-
18. 19.9	CAUSE O	
177.2		
DISEASE OR CONDITION DIR	P.	enusliged Carcinomatoris
(This does not mean the made of	-,9,	
heart failure, asthenia, etc. It means injury ar camplication which caused		
ANTECEDENT CAUSES	(B)	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
DISEASES OR CONDITIONS, if	DUE TO	
rise to the above cause (A)		
UNDERLYING CONDITION last.		
z 11		
OTHER SIGNIFICANT CONDITIONS CONDITIONS CONDITIONS CONDITION CAUSING IT	TED TO THE	
DISEASE OR CONDITION CAUSING IT	I. DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FIN
WAS PERF		IN CERTIFYING CAUSE
U 121A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., in	n or obout 21 C. WHERE DID (If in Boltimore C
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, farm, foctory, street, af	fice bidg., INJURY OCCUR?
O 21 D. TIME (Month) (Dov) (Year)	(Hour) 21 E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
OF INJURY	While At Not While At Work	• 🗆
22 1		1-121 165 8/2
22. I certify that (I) (this haspital)	1./2	6 7 37 19 00 to 0 / 3
that (I) (we) lost sow the decease		19 65 ond that In (my) (our) opinio
and hour and from the causes state	ed obove. (I) (We) (did) (did nat) v	
23A. SIGNATURE		23
henrils surre	M.D. Atte	ending Med. Stoff Stoff Phys.
23C. PHYSICIAN'S NAME (Type)	1	23D. ADDRESS
	M.D.	Fronklen Aquae Ge
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF CRE	
Bureal 8-6-6.	s Odar Hill (	oun. Batto 2.5
	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR

VS 150-REV. 1/1/65

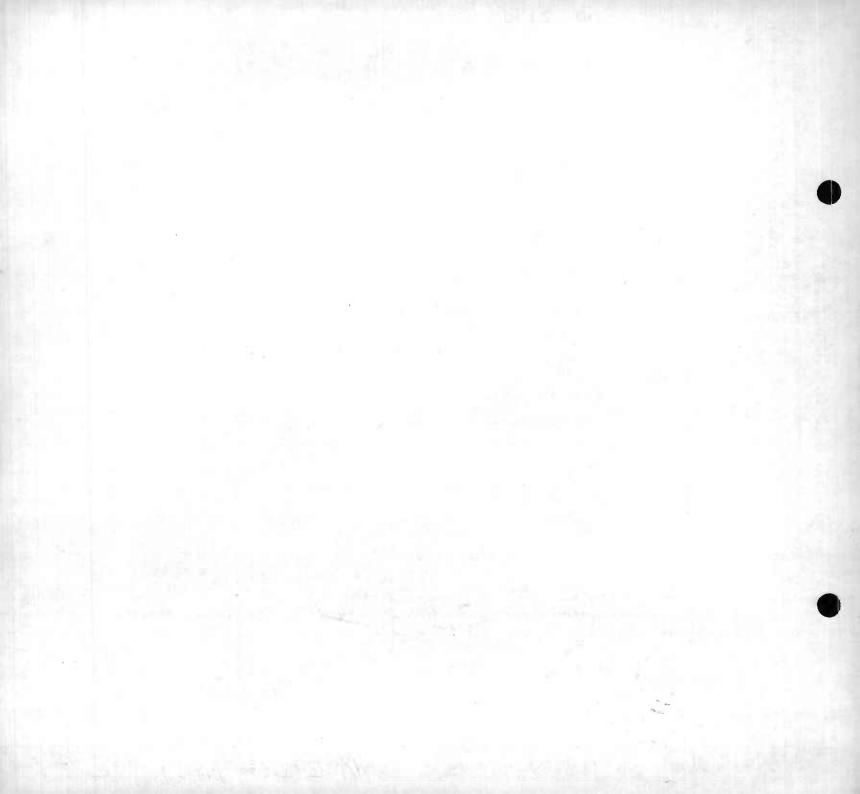
4:30 PM 25 RAL and give township) If Under 1 Yr. If Under 24 Hrs. Nonths Doys Hours Min. 2. CITIZEN OF WHAT COUNTRY? United Aletes ADDRESS Dear Some INTERVAL BETWEEN ONSET AND DEATH 7 months DINGS CONSIDERED ily, give exact location) 1965 n deoth occurred on the date B. DATE SIGNED town, or county) (Stote)

vs. 153 signed by funeral director. 8/20/65

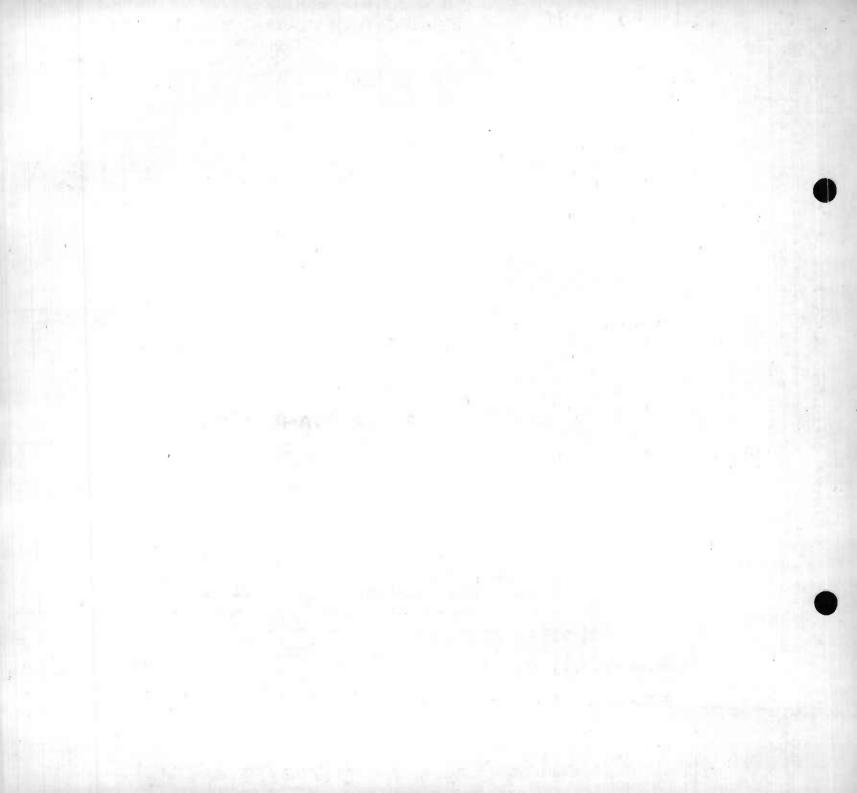
	or 0409	BALTIMORE CITY	HEALTH DEPARTMENT		
	H NO. 65 8192	CERTIFICA	TE OF DEATH	Registered No.	35 81.92
1. N	AME OF DECEASED	- 1	2, DATE AN	HOUR OF DEATH	- 030
	LACE OF DEATH IN BASTIMORE MARYLAND	and	14. USUAL RESIDENCE (When	7 65	Aution; residence before admission)
3	thet of blam in braining making		A, STATE B. COUN	TY TY	
1	ULL NAME OF (If not in hospital or institut IOSPITAL OR oddress or location)	ion, give Street	C. CITY OR TOWN (If out	side city limits, write RU	RAL and give township)
1	NSTITUTION	40.00	Baltimo		
0	Franklin Square	LIOSI	D. STREET ADDRESS (IF I	urol, give location)	C+
S. S	0	HED, NEVER MARRIED	B. DATE OF BIRTH	Stricker D. AGE (In years	If Under 1 Yr., If Under 24 Hrs.
	M W. WIDG	WED, DIVORCED (specify)	12/29/94	ast birthdoyl	Months Doys Hours Min.
	USUAL OCCUPATION (Give kind of work 10B, KINI during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?
	Taylor		Kumania		U.S.
13.	John Prinz		14. MOTHER'S MAIDEN NAM	BARBA	Becker-
	Nos Deceased Ever in U. S. Armed Forces? ,no or unknown)(If yes, give war or dates of servi	ce) 16. SOCIAL SECURITY NO. /	17. INFORMANT	01	ADDRESS
	NO NO	215-32-360	8/tospiTAL 1	Reads	
	18. /50X	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Ca of Fono	beque	
	(This does not mean the made of dying, heart failure, asthenia, etc. It means the dise		Co. 1 (201)	ha gus facia	**************************************
	injury ar camplication which caused death.)		with metars	bases	
	ANTECEDENT CAUSES	DUE TO			**************************************
	DISEASES OR CONDITIONS, if any, gi		Preumonia		
	UNDERLYING CONDITION last.	/			
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
ERTIFICA		OR WHICH OPERATION	20A. AUTOPSY? (Yes or No.	208. IF YES, WERE FII	NDINGS CONSIDERED
CAL CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. LACE OF INJURY (e.g., in home) form, foctory, street, of etc.)	n or obout 21 C. WHERE DID	(If in Boltimore	City, give exact locotion)
EDI	21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY	21 E, INJURY OCCURRED	21F. HOW DID INJ	JRY OCCUR?	
Z	(APPROX)	White At Not Whill Work At Work	e		
	22. I certify that (I) (this hospital) attend	ed the deceased from	7/29 1	965-10 81	7 19 75
	that (1) (we) lost sow the deceased olive	on 8/7	19 ond the	ot in (my) (our) opini	on death occurred on the date
	ond hour ond from the couses stated abov	e. (1) (We) (did) (did not) v	lew the body ofter death.		
	23A. SIGNATURE	M.D. Atte	ending Med.	Stoff 1	23B, DATE SIGNED
	23C. PHYSICIAN'S	Phy	s. Director 23 D. ADDRESS	Phys.	1/1/63
	NAME (Type)	Kim M.D.	Fin VI	· Sauare	Horn
244	BURIAL CREMATION, 24B. PATE 24	C. NAME of CEMETERY OF CR	EMATORY 24D. LC	CATION (Gily	town, or county) (Stote)
	Burial auglo 1865	Kow Carked	Eral Com	Balto	md
25 A	DATE REC'D BY HEALTH DEPT 2583NA	ME OF BEGINTAR	2SC. FUNERAL DIRECTOR	16 7	DDRESS / A
	AUG 9 1960 (Colony Co)	6500	Je romas	remy m	c poer mg
VS	150-REV. 1/1/6S				



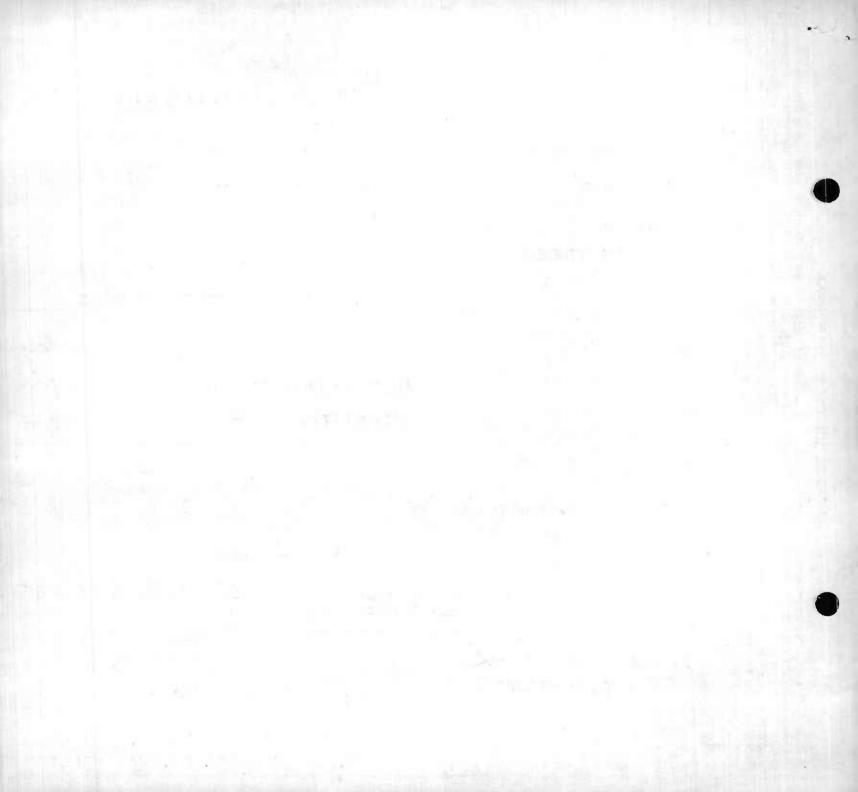
IMPORTANT DIRECTOR: FUNERAL



C5 0104	RE CIT HEALTH DEPARTMENT
M.E. CASE NO.	FICATE OF DEATH Registered No.
1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
GEORGE A. MOELL	
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before as A, STATE B, COUNTY
FULL NAME OF (If not in hospital or institution, give street	MD
HOSPITAL OR oddress or locotion) INSTITUTION	C. CITY OR TOWN (If outside city limits, write RURAL and give township)
/ -	R if MAO
3 South Betto. General Hong	D. STREET ADDRESS (If tural, give location)
	3807 annipolies Pol
5, SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (spe	8, DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 1) Worths Days Hours
in washing	Set 14, 1881 77
10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR IN	
done during most of working life, even if retired)  Policie Dept	MHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
C 40 - 00	11 -11 -
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17, INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO	
NO	famely Same
18.420./ I	AUSE OF DEATH INTERVAL BETWOONSET AND DE
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stating the UNDERLYING CONDITION lost.	oronary Asterie - Scherosi Several y
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
A DISEASE OF CONDITION CAUSING II.	TO A A LIFE DAY OF THE ALL THE
198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
None  21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJUI	RY (e.g., in or obout 21C. WHERE DID (If in Baltimore City, give exact location)
OR CONTRIBUTING CAUSE OF OBEATH (notify medical examiner)  21 B. PLACE OF INJU home, form, foctory, etc.)	street, affice bldg., INJURY OCCUR?
U	DIE HOW BIR INHIBY COOKS
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCUR!	RED 21F. HOW DID INJURY OCCUR?
	At Work
22. I certify that (I) (this hospital) attended the deceased fro	m Jan. 2 19 63 to Aug 6, 19
that (1) (we) last saw the deceased alive an Acceptance	, - / - /
and haur and fram the causes stated above. (1) (We) (dld) (did	
23A. SIGNATURE	23B. DATE SIGNED
Transfer to Galler M	.D. Attending Med. Stoff Phys. Director Phys
23C. PHYSICIANS	Phys. Director Phys. Decy. 4, (3)
23C. PHYSICIAN'S NAME (Type)	M.D. 2701 N. Calvert St.
FRANK N. OGOEN.	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETER REMOVAL (Specify)	Y or CREMATORY 24D. LOCATION (City, town, or county)
Runil 8-5-65 horacre	Em Baltinge 7, MD
AUG 9 1965 Robert & Larry M. M.	Em Bactinge I, MD  25C. FUNERAL DIRECTOR  ADDRESS  ACTOR 237 Patripae
AUG 9 1965 Robert E. FarkeyMA	Ac Coy / of present Home 2370 ctipe
\$ 150-REV. 1/1/65	

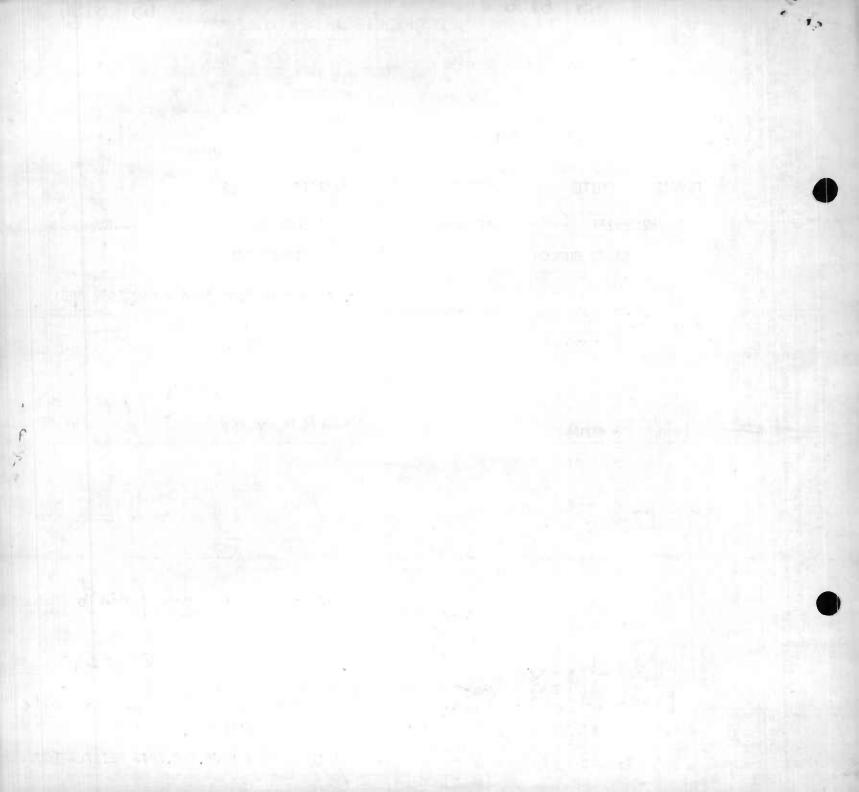


VS 150-REV. 1/1/65



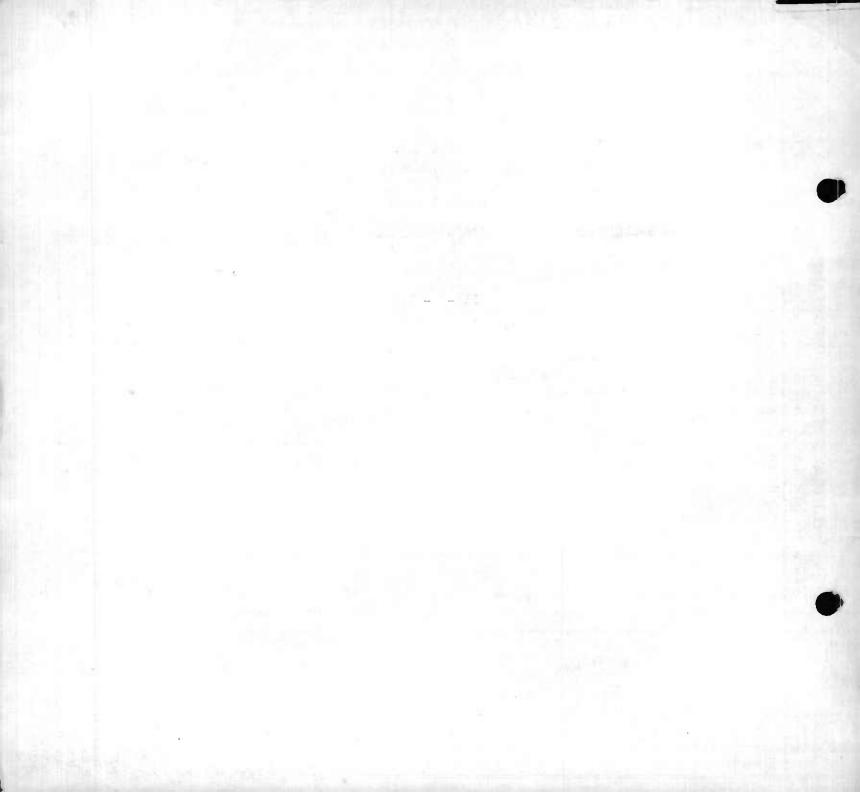
FUNERAL DIRECTOR: IMPORTANT

	65 8	100	HEALTH DEPARTMENT		65 8196
M.E. CASE NO.			TE OF DEATH	1	
Type er Print)	(NOVA	(KOM)	2. DATE	AND HOUR OF DEATH	130
3. PLACE OF DE		RYLAND	4. USUAL RESIDENCE	Where deceased lived, If i	institution: residence befere admission)
	0.F		MARYLAND B. CO	THU YINU	10
HOSPITAL OR		er institutien, give street n)		f eutside city limits, write	RURAL (ond give township)
1143111011014			BALTIMORE		
4	SINAI HO	SPITAL	D. STREET ADDRESS	(If rurol, give lecotion)	
				ISON AVENUE	
FEMALE	WHITE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) MARRIED	6/8/1912	9. AGE (In years lest birthdoy)	If Under 1 Yr. If Under 24 Hrs. Menths Deys Hours Min.
	UPATION (Give kind ef werk werking life, even if retired)	108, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
НО	USEWI FE	AT HOME	LITHUAN	IA	USA
3. FATHER'S NA			14. MOTHER'S MAIDEN		
	BARRY BURKO	M	MINNI	E GOLDSTEIN	
	d Ever in U. S. Armed Fern) (If yes, give wor er date		17. INFORMANT		ADDRESS
NO			MR. LESTER S	HERMAN 2866 W	GARRISON AVE
18. 42	1./ 1	CAUSE O	FDEATH	1	INTERVAL BETWEEN ONSET AND DEATH
DISEA	SE OR CONDITION DIR	RECTLY	-1 . 0	0 1 1	ONSEL AND DEATH
(This does	LEADING TO DEATH not meen the mode of	dying, e.g., DUE TO	10 myccard	la ( vh full	il > Mun.
heart failure,	, asthenio, etc. It means	the diseose,	11-(114	- /	
	mplication which coused ANTECEDENT CAUSES	f. · )	herrollente	- Corguan	
	OR CONDITIONS, if	DUE TO			1100
rise to th	ne obove cause (A)		wear as	seno	10 m -
UNDERLYIN	G CONDITION last.		7.0	1 40.000	1
E TO THE D	III  IIIICANT CONDITIONS C DEATH BUT NOT RELA	TED TO THE	-		V
DISEASE OR	F OPERATION 198. CON	T. DITION FOR WHICH OPERATION	20A. AUTOPSY? Yes e	No) 208 IF YES WERE	FINDINGS CONSIDERED
	WAS PERI		16		AUSES OF DEATH?
	NT WAS UNDERLYING	21 B. PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DI	D (If in Beltime	re City, give exact location)
DEATH (netif	y medical examiner	heme, farm, foctory, street, o	mice bidg., INJURT OCCUR	Y	
21D. TIME	(Menth) (Day) (Year)	(Heur) 21E INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
(APPROX.)		While At Net While At Work	le [	^	
22	abas (IV (ship baratsal	) attended the deceased from		1958 to CA	1 de W 10
	) lost saw the decease		The state of the s	3	inian dash annual as the dat
		111 / /	1 1		iniar death accurred on the dat
23A. SIGNAT		red abave. (1) We) (did nat)	riew the body after dea	fn.	23B, DATE SIGNED
	1. 0.	M.D. All	ending Med.	Stoff	8-1.
23C. PHYSICH	AMS	Phy	23D. ADDRESS	Phys.	0.)6)
NAME (	Type)	M.D.	119 (	ST IL	11. 7111
4A. BURIAL CRE	EMATION, 24B. DATE	24C, NAME of SEMETERY OF CR	EMATORY 1241	LOCATION (S	city, tewn, er county) (State)
BURTAL	(Specify)	BETH ISRAEL		BALTIMORE, A	
	BY HEALTH DEPT.	25B NAME OF REGISTRAR	2SC. FUNERAL DIREC		
AUG 9	1965 Robert		SOL LEVINSO	N & BROS. INC.	6010 REISTERSTOWN
'S 180-REV. 1/1/		1-9-5-5-0	01770	7	



Such

2405	BALTIMORE CITY	HEALTH DEPARTMENT		OF Dear
BIRTH NO. 65 8197	CERTIFICA	TE OF DEATH	Registered Na	65 8197
I, NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	50
(Type or Print)	K	8 -	1 15	2 3
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	Home	4. USUAL RESIDENCE (When	e deceased lived. It inst	itution: residence befare odmission)
		A. STATE B. COUN	TY	15-11
FULL NAME OF (If not in hospital or institution, give oddress or location)	street	C. CITY OR TOWN (If out	A State of the Public P	0 0 0
NSTITUTION		G 17 (11 00)	side city littlis, write ko	IRAL ond give township)
1. 0 1.		D. STREET ADDRESS (III	urol, give location)	
Hosp. for Women of	Naryland	3239	likton a	ue 16
	VER MARRIED		AGE (In years	If Under 1 Yr If Under 24 Hrs.
T WIDOWED, I	OIVORCED (specify)	9-1-1894	ost birthdoy)	Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BL		11. BIRTHPLACE (Stote or foreign	gn country)	12. CITIZEN OF
done during most of working lile, even if retired)	7.43			WHAT COUNTRY?
Retired Bookbinder Baltimor	e Library	Maryland 14. MOTHER'S MAIDEN NAM	A F	
		The state of the s	, L	
harles howe		Trizzel	\ · Ida	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)	SECURITY NO.	17. INFORMANT		ADDRESS
No None 2	18-09-9775	tations c	hart.	
18.157XT1-2160X	CAUSE O			INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	PAO	M. Annalts B	. Ann	11 Mars 15 3
LEADING TO DEATH	(A) UN	among govern	matoris	4 months:
(This does not mean the mode of dying, e.g., heart failure, osthenio, etc. It meons the disease,	DUE TO	MUTTINE Union	mato su	
injury or complication which coused deoth,)	Mat	renowe atte for	uneas	146
ANTECEDENT CAUSES	DUE TO	**************************************	* * ** * * * * * * * * * * * * * * * * *	19
DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) stating the	in An	almia		0.0
UNDERLYING CONDITION lost.	(0)		**********************************	**************************************
	1			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	NAHELER	Methtus		The Value of the State of the S
DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 19B. CONDITION FOR WHI	ICH OPERATION	20 A. AUTOPSY? (Yes or No.	IN CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PL	ACE OF INTURY/or in	NO	() ( := 0 - (6' )	Cia
OR CONTRIBUTING CAUSE OF home,	form, foctory, street, of	fice bldg., INJURY OCCUR?	tif in softimore	City, give exact location)
U				
U OF INJURY	JURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
≥ (APPROX.) While Work	At Work	· 1 . 1×	6.	1th. 1-
22. I certify that (I) (this hospital) attended the	deceased from	Aug 1:	965 10 114	76- 1960
that (I) (we) last saw the deceased alive an	And sur	19 65 and the	ot in (my) (our) opin	on death accurred on the date
ond haur and fram the causes stoted obave. (1) (	We) (did) (did not) v	lew the body after death.		
23A. SIGNATURE			12	23 B. DATE SIGNED
1. Portunia	M.D. Atte	ending Med. Director	Stoff Phys.	8-6-65
23C.PHYSICAN'S		23D. ADDRESS	· II y s. 4 1	0 0 00
NAME (Type) FLYNN . JAMES P.	G M.D.			
	E of CEMETERY of CRI	MATORY 24D 16	CATION (City,	town or country (State)
REMOVAL (Specify)				, town, or county) (State)
	enmount Ceme		ck, Penna.	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF	REGISTRAR	25C. FUNERAL DIRECTOR		Balto, md=21217
AUG 9 1900 (Kelen E DUA	chiche U	who for who	entisens 7	with Ma ceve



			198 B	ALTIMORE CITY I			TIPE IN A PRINCE
	H NO. CASE NO.		C	CERTIFICAT	E OF DEATH	Registered No.	65 8198
1. N	AME OF DECEASED				2. DATE	AND HOUR OF DEATH	1 2 3
,	500	DMAN	1 H	EUDORE	HU	G 6/65	1.20
3. PI	LACE OF DEATH IN BAL	TIMORE, MARYLAN	D		4. USUAL RESIDENCE (W. A. STATE B. COL		institution: residence before odn
		ot in hospitol or insti	tution, give stre	et	NEW JERSE	Υ	1-11
	STITUTION Oddre	ess or location)			_	outside city limits, write	RURAL and give township)
2	JOHNS HOPA	LINS H	USPITAL		DEAL D. STREET ADDRESS (	If rurol, give location)	
-	SOMOS MOIN	11142				LT AVENUE	
5. \$1	EX 6. RACE		ARRIED, NEVER		DATE OF BIRTH	O ACE III was a	If Under 1 Yr. If Under : Months: Doys : Hours :
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13. F	ATHERS NAME	1110-1	1 011/1		Lithuania 4. MOTHER'S MAIDEN N	AME	0 0111,
	SOLOMON (	Goodman			JENNIE SOI	OMON	
15. V	Vas Deceased Ever in U.	S. Armed Forces?	1 6. 500		7. INFORMANT	- OFICIN	ADDRESS
(Yes,	,no or unknown) (If yes, giv	e war or dates of se	ervice) SEC	CURITY NO.			
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	18. / 7 7 X	1		CAUSE OF	DEATH		ONSET AND DEA
		NDITION DIRECTLY	400	PILI	MANIARV	EMBALL	SM Shi
	(This does not mean th	he mode of dying	, e.g.,	DUE TO	MONARY	ENBOL	017 3 100.
	heart failure, astheria, e			0 00	70 . 7 . 10		
		NT CAUSES		(B) PHL	LOO I HNOME	00515	
	DISEASES OR CONDI		giving	DUE TO	- 00.		4.1
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Z	OTHER SIGNIFICANT CO						
ATIO	TO THE DEATH BUT	T NOT RELATED					
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<u>L</u>	11/2/11/11/		CATRE	STATE	No		
RTIF	1 Kelly 26/65	NDERLYING	21 B. PLACE	OF INJURY (e.g., in	or obout 21 C. WHERE DID	(If in Boltimo	ore City, give exact location)
. CERTIF	2) A. ACCIDENT WAS UN	AUSE OF		locibly, silect, oill	ce bldg., INJURY OCCUR?		
ICAL CERTIF	2)A. ACCIDENT WAS UN OR CONTRIBUTING CA DEATH (notify medical ex	AUSE OF ominer)	etc.)	locioty, silect, one	ce bldg., INJURY OCCUR?		
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MEDICAL CERTIF	21A. ACCIDENT WAS UN OR CONTRIBUTING OF REAL (notify medicol ex 21D. TIME OF INJURY (APPROX.)  22. I certify that (I) (that (I) (we) lost sow and hour and from the 23A. SIGNATURE)  23C. PHYSYCIAN'S NAME (Type)	ominer) (Doy) (Year) (House) his hospital) atte the deceased alive couses stated ob	etc.)  21E. INJURY While At Work  Inded the dece ve on	Not While At Work  assed from	21F. HOW DID II	that in (my) (our) ap	8/6/65
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WEDICAL CERTIF	22A. ACCIDENT WAS UN R CONTRIBUTING CADEATH (notify medicol ex 21D. TIME (Month) (APPROX.)  22. I certify that (I) (that (I) (we) lost sow that (I) (we) lost so	ominer) (Doy) (Year) (House) his hospital) after the deceased alive couses stated ob  CREIS 248. DATE  Aug. 8, 1965	ove (I) (We)	Not While At Work  assid from  (did) (did not) via  M.D. Atten Phys.  CEMETERY or CREA	21F. HOW DID II	that in (my) (our) ap  Stoff Phys.  LOCATION (C	23B. DATE/SIGNED  8/6/65  City, town, or county)
MEDICAL CERTIF	27A. ACCIDENT WAS UP CONTRIBUTING CA DEATH (notify medicol ex  21D. TIME (Month) (APPROX.)  22. I certify that (I) (that (I) (we) lost sow that (I) (we) lost so	ominer) (Doy) (Year) (House) his hospital) after the deceased alive couses stated ob  CREIS 248. DATE  Aug. 8, 1965	etc.)  21E. INJURY While At Work  Inded the dece ve on Sove (1) (We) of the control of the contr	Not While At Work  assid from  (did) (did not) via  M.D. Atten Phys.  CEMETERY or CREA	21F. HOW DID II	that in (my) (our) ap  Stoff Phys.  LOCATION (C	23B. DATE/SIGNED  8/6/65  City, town, or county)

**CI** 

FUNERAL DIRECTOR: IMPORTANT

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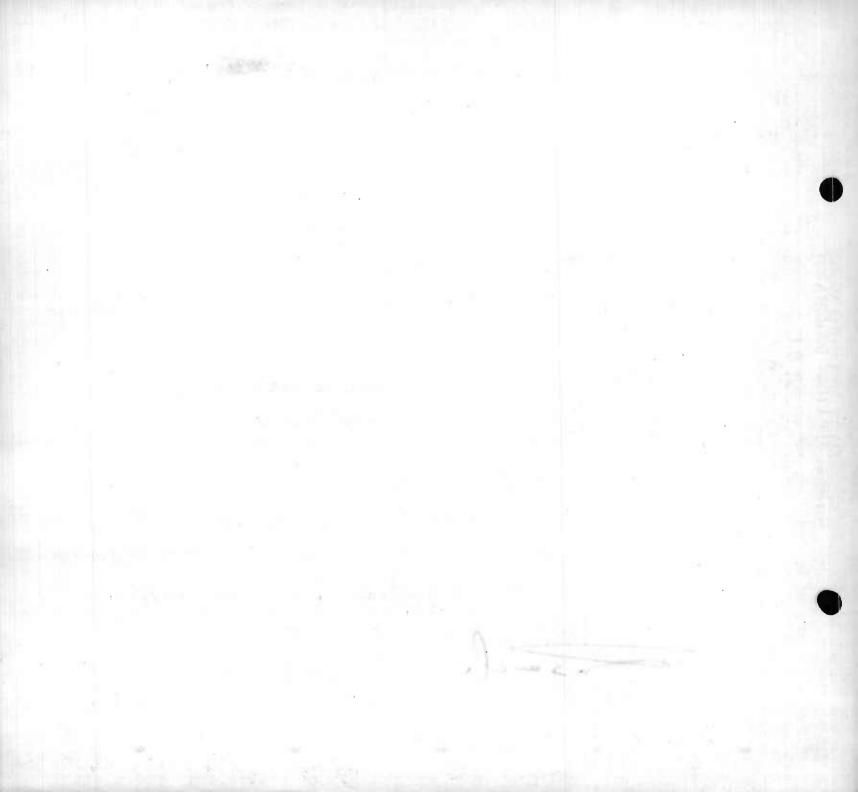
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VS 150-REV, 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

If Under 24 Hrs.

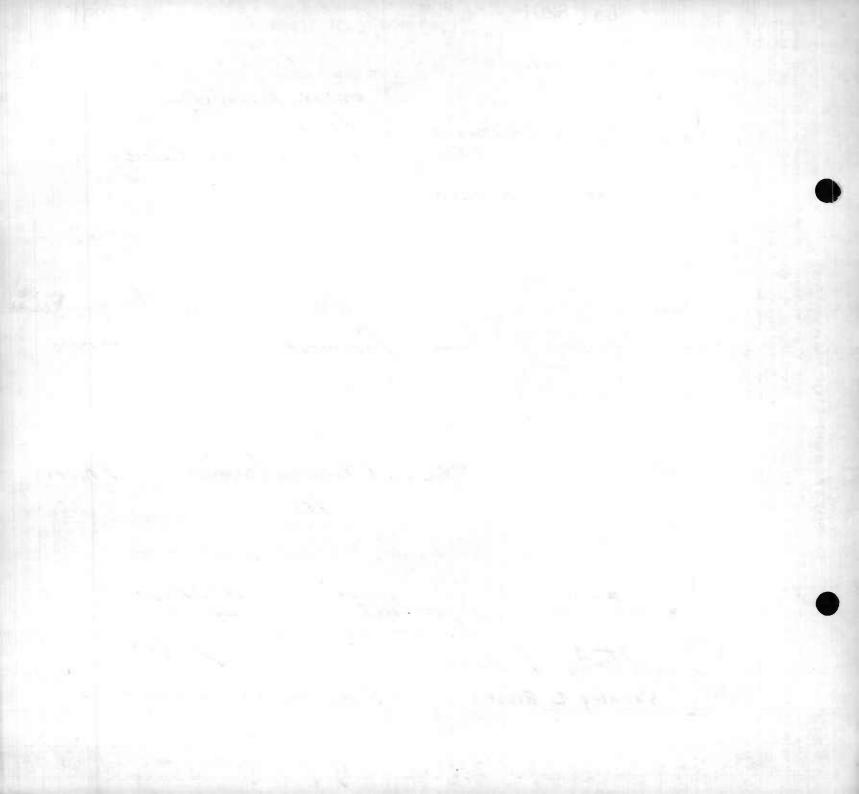
Hours

INTERVAL BETWEEN ONSET AND DEATH

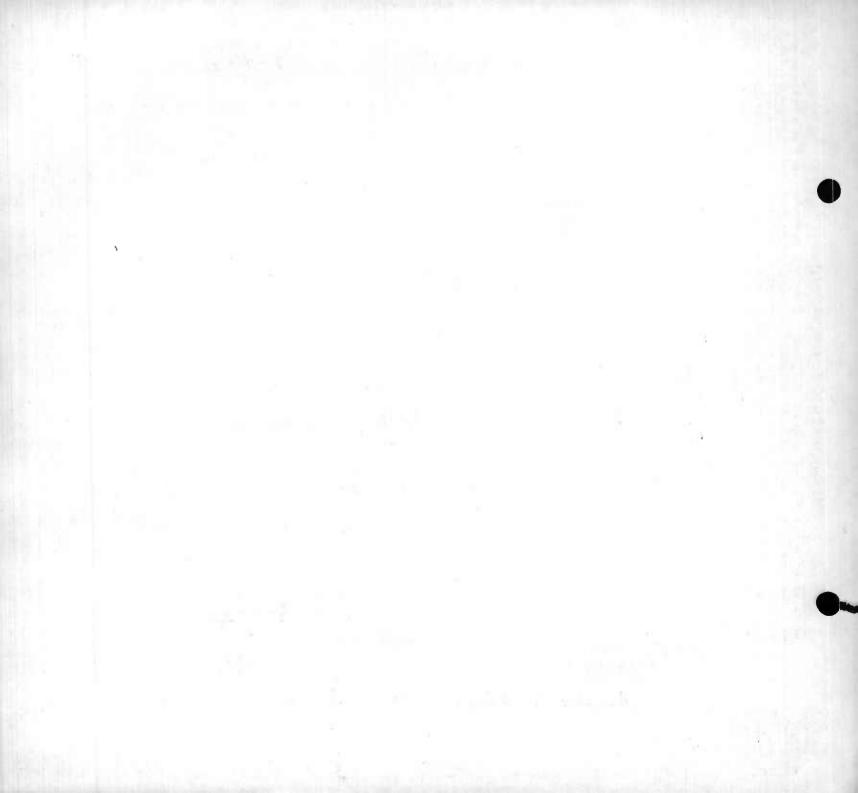


	CASE NO.	CERTIFICA	AL OF PLATE	ed No.65 82U1
	or Print)	Vena	2. DATE AND HOUR OF	05
3. PLA	ACE OF DEATH IN BALTIMORE, MA	ARYLAND	4. USUAL RESIDENCE Where deceased liv	1965 2 ved. If institution: residence before
F144	II MANE OF W	The state of	A. STATE B. COUNTY	2/200
HO:	LL NAME OF (If not in hospital SPITAL OR address or location STITUTION	ar institution, give street	/ / / /	s, write RURAL and give tawnship
-		of BALTIMORE	BALTIMOCE.	27-16
011	NAI HOSPITAL.	(2/2/5)	D. STREET ADDRESS (If rural, give lace	
	L. A. C.		PARK HEIGHTS AVE:	(21215) 461.
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In yellast birthday)	ors If Under 1 Yr. If Under Doys Hours
10A U	SUAL OCCUPATION (Give kind of wo	WIDOWED .	Y 11. BIRTHPLACE (State or foreign country)	12, CITIZEN OF
	uring mast of working life, even if retired)		C -	WHAT COUNTRY?
12 FA1	THE WE NAME	1	RUSSIA	usa
13. FA	THER'S NAME		14. MOTHER'S MAIDEN NAME	
	SAMUEL		HANNAH	
(Yes, no	o orunknown) (If yes, give war ar dat	es af service) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	NO		nothern Sherr 34	13 Harrison
18.	493X1	CAUSE	OF DEATH	INTERVAL BETY
	DISEASE OR CONDITION DE		0	441
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he	earl foilure, asthenia, etc. It means	s the diseose,		
111	ANTECEDENT CAUSE			
D	DISEASES OR CONDITIONS, if	DUE TO		0 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 0
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Z	THER SIGNIFICANT CONDITIONS	ONTRIBUTING		a. 1
E 10	O THE DEATH BUT NOT REL	ATED TO THE MYDIAPDIA	L INFARTION (SUSPECTE	o 8 hou
U 19/	A. DATE OF OPERATION 198. COM	IDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES,	WERE FINDINGS CONSIDERED
ERTIFIC 19/	WAS PER	FORMED	YES IN CERTIFY	NG CAUSES OF DEATH?
0 21	A ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., hame, form, foctory, street,		Baltimare City, give exact lacation
	EATH (notify medical examiner)	etc.)		
W OF	D. TIME (Manth) (Day) (Year)		21F. HOW DID INJURY OCCUR?	
	APPROX.)	While At Not Whi Work At Work		
22	2. I certify that 🗯 (this hospita		Ly 23 1965 to	AUGUST 5 1
		ed alive an August 5 919		our) apinion death accurred a
		ated obave. (I) (Was (did) (did not)		or a shimour nearly accouled a
	A. SIGNATURE	1 (1) (1) (1) (1)	view ine body difer dedin.	23B, DATE SIGNED
	A Family	I Blum. M.D. At	tending Med. Staff	815165
230	C. PHYSICIAN'S	Ph Ph	ys. Director Phys. 23D. ADDRESS	0/5/62
	NAME (Type)	Blum M.D.	C 1 0 D.	HIMORE MD.
24A. R	STANLEY L	24C. NAME of CEMETERY or CI	Jirial Floristate 130	
	REMOVAL (Specify)	Road	0	(City, tawn, ar county)
	Buray 8/6/1	0) 10000	de dela	YIV
25 A P	DATE BECOD BY HEALTH DEDT	DER MANAE OF BEGISTRAR	DEC FILMERAL DISCORD	Abperer
25A. D	UG 9 1965 A P. B	25B. NAME OF REGISTRAR	256. FUNERAL DIRECTOR School School See Louis 2 See	12 3319 0.4

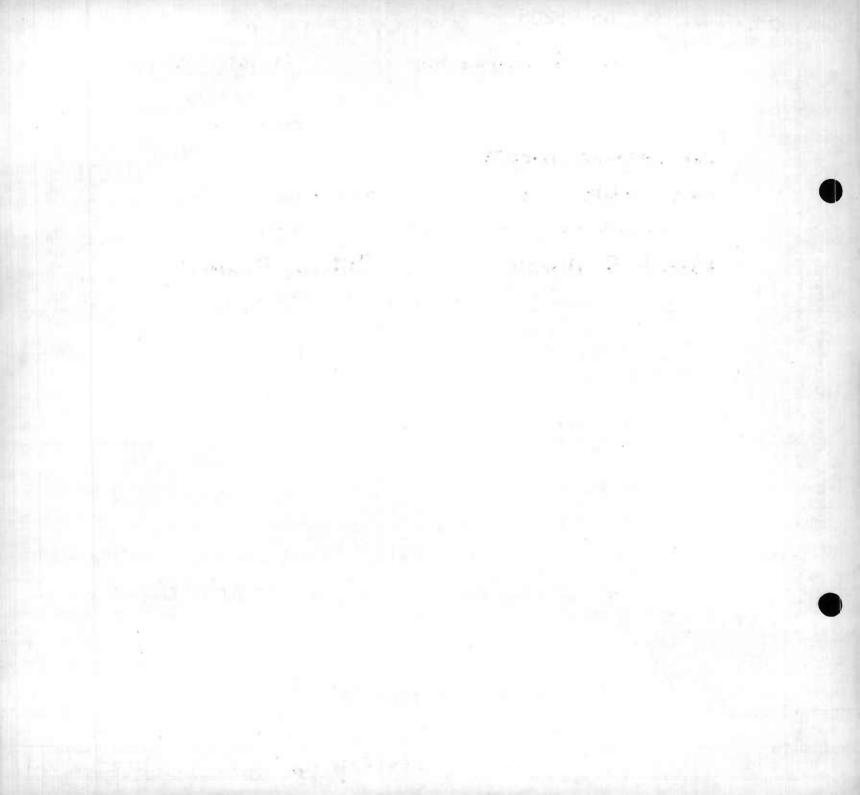
BALTIMORE CITY HEALTH DEPARTMENT



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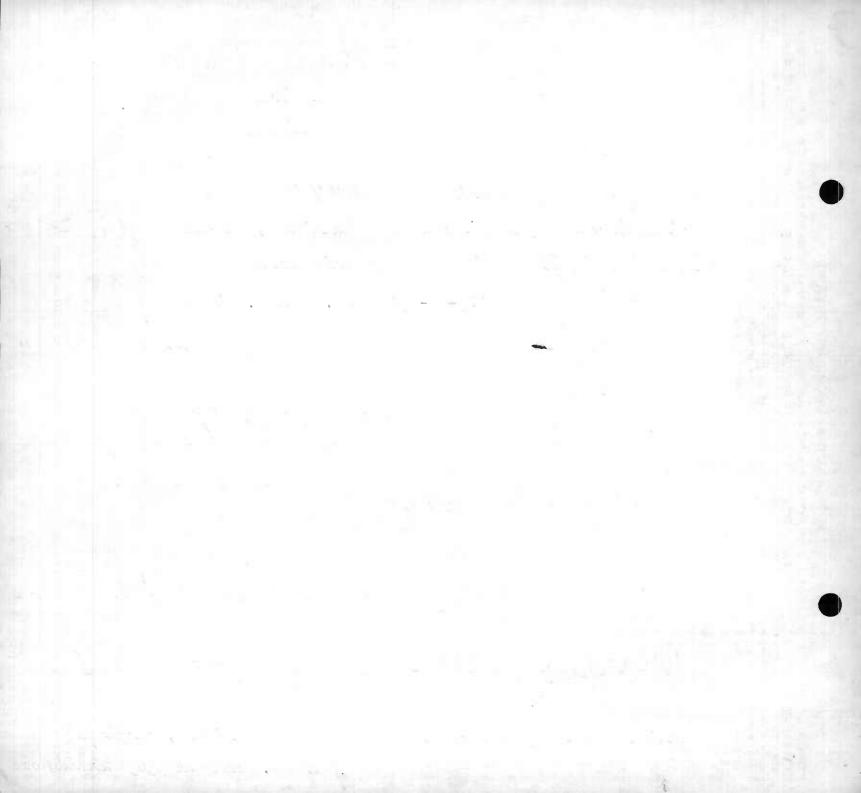
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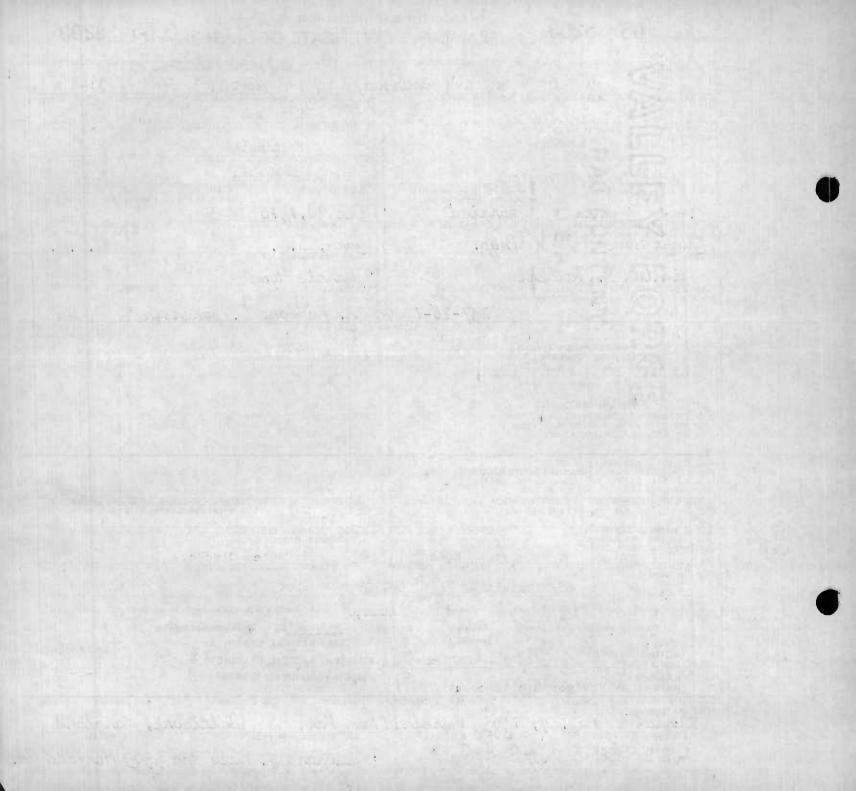


(1	PLACE OF DEATH IN BALTIMORE, MARYLAND	GOMER	2, 5716	AND HOUR OF DEATH	5000
3	PLACE OF DEATH IN BALTIMORE, MARYLAND	COLLET		X-1-1X	- 14
			4. USUAL RESIDENCE (WI	8-6-65	
	The state of the s		MD B. COL	JANTY 2	1-00
	FULL NAME OF (If not in hospital or institution, g oddress or location)	give street	C. CITY OR TOWN (If	outside city limits, write	RURAL and give towns
	INSTITUTION		Bacto	29	and the one give leaving
	2 \$. MORLEY	57	D. STREET ADDRESS	If rural, give location)	
	2 B. HOLLE	37.	2 8. 4	orley so	
5,	/ WIDOWED	NEVER MARRIED , DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Months: Doys Hou
	F White Sing	-	July 10, 1963	2	
	DA. USUAL OCCUPATION (Give kind of work 108, KIND OF one during most of working life, even if retired)	BUSINESS OR INDUSTRY	TI. BIRTHPLACE (Stote or fo	reign country)	12. CITIZEN OF WHAT COUNTS
a	Mer Mer	ب	Marylan		
1	3. FATHER'S NAME		14. MOTHER'S MAIDEN N		
	Harvey W. Gom.	رام ا	B.111e	Hall	
12	5. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	14-411	ADDRESS
(1	'es,no or unknown) (If yes, give wor or dotes of service)	SECURITY NO.			d'
_	NO		F DEATH		INTERVAL B
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION tast.	(C)			
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 121B.	B			
	19A. DATE OF OPERATION 19B. CONDITION FOR W	VHICH OPERATION	20 A. AUTOPSY? (Yes or I	No. 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERE
4	OR CONTRIBUTING CAUSE OF home	PLACE OF INJURY (e.g., i e, form, foctory, street, o	n or obout 21C. WHERE DID	(If in Boltimos	re City, give exact locat
-	OF INJURY	INJURY OCCURRED	21F. HOW DID IN	IJURY OCCUR?	
1	(APPROA)	le At Not While At Work			
	22. I certify that (I) (this hospital) attended th	ne deceased fram	Keay	1965 10 6	August
	that (1) (we) last saw the deceased alive an	W			inian death accurred
	and haur and from the causes stated above. (1)	^			
	23A. SIGNATURE	Carlo Hall	The budy unter death	•	238, DATE SIGNED
	Murishin h Kennal	M.D. Att	ending Med. Director	Stoff Phys	7 Alica
	23C. PHYSICIAN'S	Phy	23D. ADDRESS	Phys.	Truc
	NAME (Type)	M.D.	1079/14	deni AIA	= BUHIMA
2	4A. BURIAL CREMATION, 1248, DATE 124C, NA	470	1958 / // EMATORY 124D.	LOCATION (C	- UNIIII AK
2	AA. BURIAL CREMATION, 248. DATE 24C. NA	/	-0	21 1	City, town, or countyl
	During 8-4-63 6h	en production	em (	chan Guanci	LMO
-	AUG 9 HEALTH DEPT 258, NAME OF	REGISTRAR	25C. FUNERAL DIRECTO	O R	ADDRES
2	LACT A LOOP (ILTATIVE)	TOTAL	1.0	- 1 .d ·	27 DA

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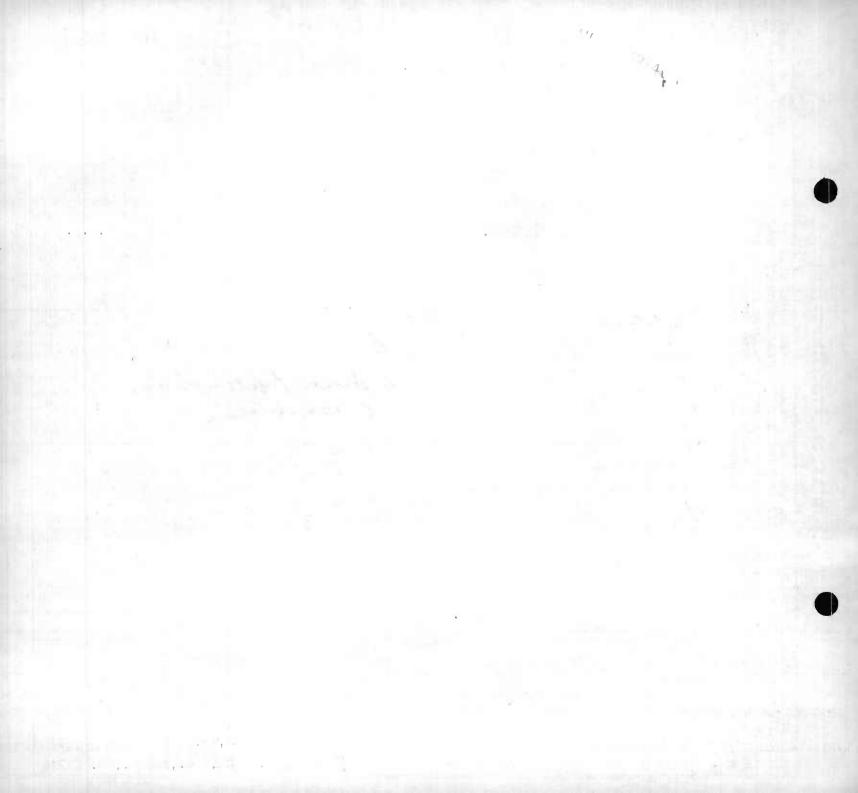
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	BALTIMORE CITY	HEALTH DEPARTMENT	65 8240
BIRTH NO.  M.E. CASE NO.  65 8210	CERTIFICA	TE OF DEATH Registered N	10.00 0210
NAME OF DECEASED		2. DATE AND HOUR OF DEA	
Type or Print) Charles	Carmel Winke	es August 8, 196	55
PLACE OF DEATH IN BALTIMORE, MARYLAN	ND	4. USUAL RESIDENCE (Where deceosed lived. A. STATE 8, COUNTY	If institution: residence before admission
FULL NAME OF (If not in hospital or ins	dibution when attends	Maryland	27-13
HOSPITAL OR oddress or location)	filotion, give street		rite RURAL and give township)
INSTITUTION		Baltimore	
A	10 1	D. STREET ADDRESS (If rural, give location)	
5222 Harfo	rd Road	5222 Harford road	
	ARRIED, NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr., If Under 24 Hrs
male white "	IDOWED, DIVORCED (specily)	O. I. 2 1001 Fill	Months Doys Hours Min.
OA. USUAL OCCUPATION (Give kind of work 108, 1	MANULEA KIND OF BUSINESS OR INDUSTRY	11, BIRTHPLACE (State or foreign country)	12. CITIZEN OF
one during most of working life, even if retired)		0 /	WHAT COUNTRY?
Ret. ( & P. Telephon	ne (o.	Baltimore, Maryland	U.S.A.
3. FATHERS NAME		14. MOTHER'S MAIDEN NAME	
Anthony A. Winkes		Mary Ann Coopley	
o. Was Deceased Ever in U. S. Armed Forces? es, no or unknown) (If yes, give war or dates of	16. SOCIAL	Mary Ann Coakley	ADDRESS
yes, give wor or doles of	SECURITY NO.	M. C. 11 111. 1	
18	K12-03-0023	F DEATH	INTERVAL BETWEEN
18. 6 8 1, 01	CAUSE O	rrhous of him	ONSET AND DEATH
DISEASE OR CONDITION DIRECTL	Ce	or horis of here	y, 6 mas
(This does not meon the mode of dyin	g, e.g., DUE TO		
heart failure, asthenia, etc. It means the cinjury or complication which coused deat		V	
ANTECEDENT CAUSES	(B)		
	DUE TO		
DISEASES OR CONDITIONS, if any, rise to the obove cause (A) stati			
UNDERLYING CONDITION last.	· · · · · · · · · · · · · · · · · · ·	000 4 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	***
II			
OTHER SIGNIFICANT CONDITIONS CONTI TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.			
DISEASE OR CONDITION CAUSING IT.		100 A	
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM	N FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WE IN CERTIFYING	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
2) A ACCIDENT WAS INVESTIGATED	010 01 4 00 00 111111111	ae	
OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., i home, lorm, foctory, street, o	n or obout 21 G. WHERE DID (If in Bolti ffice bldg., INJURY OCCUR?	imore City, give exoct location)
DEATH (notify medical examiner)	etc.)		
21D. TIME (Month) (Doy) (Year) (Ho	un 21E, INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?	
(APPROX.)	While At Work At Work		
22			ung 8 - 1965
22. I certify that (1) (this hospital) att	0		
that (1) (we) last saw the deceased ali	V	19 6 5 and that in(my) (our)	apinion death accurred an the da
and haur and fram the couses stated a	bave. (1) ( <del>We</del> ) ( <del>Vid</del> ) (dld nat) v	view the body after death.	
23A. SIGNATURE		,	23B, DATE SIGNED
George Here	Celler M.D. Att	ending Med. Stoff Phys.	8/9/65
23 C. PHYSICIAN'S		23D. ADDRESS	Bu va.
NAME Typel	AZILYER M.D.	4808 Harson	e Rd ruccio
4A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CR	EMATORY 24D. LOCATION	(City, town, or county) (Stote)
REMOVAL (Specify)	11 1 A	C C C C C C C C C C C C C C C C C C C	As (Siote)
Burial 8/12/65	Holy Rosary	(emetery Baltimore	e, Maryland
25A. DATE REC'D BY HEALTH DEPT. 25B.	NAME OF REGISTRAL	25C. FUNERAL DIRECTOR	ADDRESS
MUG 9 1900 (Colon) E	1 diventil	Legnard J. Ruck Inc	5305 Harford Roa
/S 150-REV. 1/1/65		07720	0

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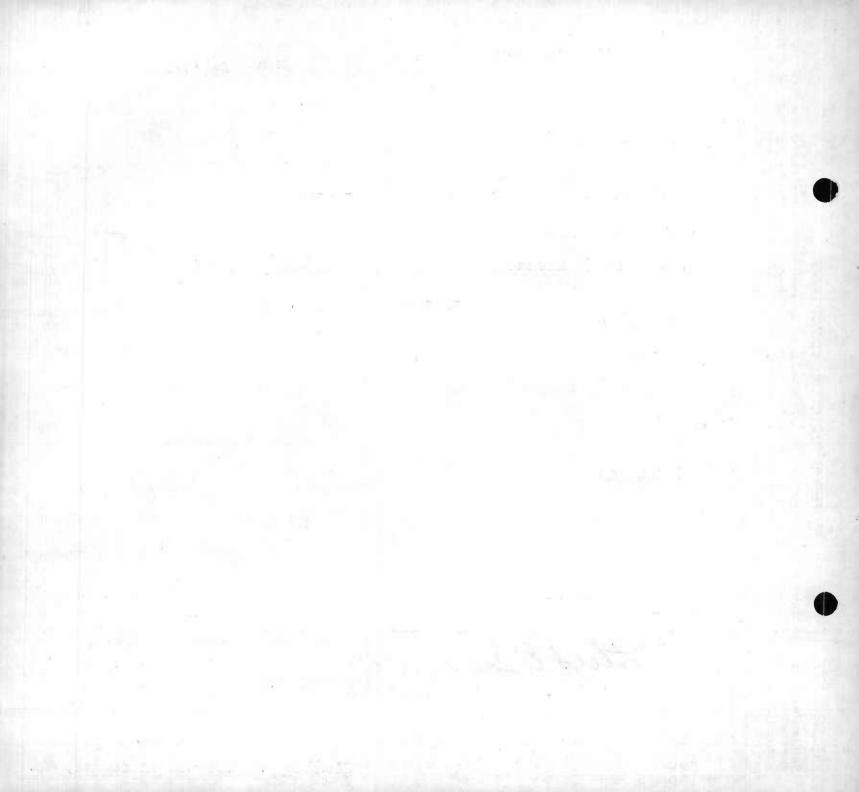


BALTIMORE CITY HEALTH DEPARTMENT

IMPORTANT SNERAL DIRECTOR:

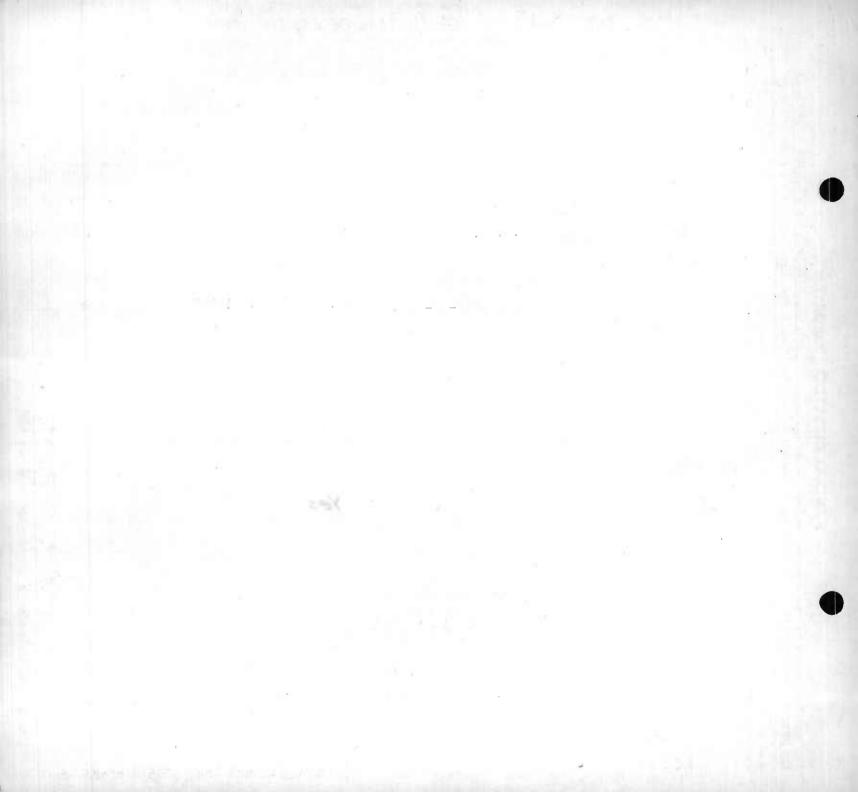
The state of the state of Brook Brown Industry W. January B. THE THE PARTY TO A PARTY OF THE to a come so a some a Victoriate

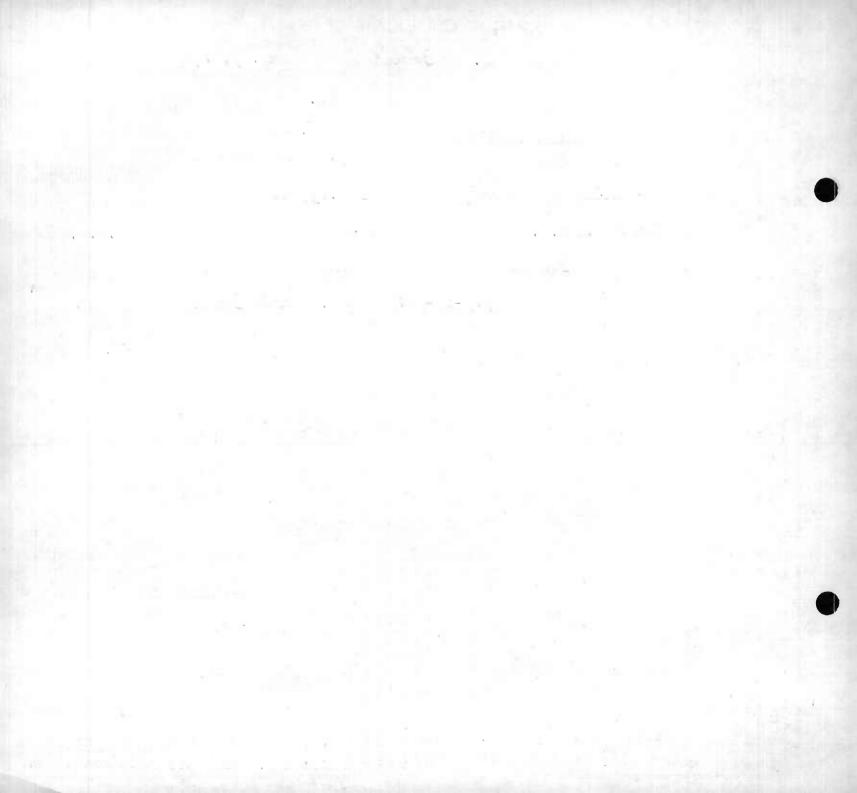
	Lilla Ilda I	North				HOUR OF DEATH	
. PLACE OF DI	EATH IN BALTIMORE, MARY	LAND		4. USUAL RESID	DENCE When	e deceased lived. IF	institution: residence before odm
FULL NAME HOSPITAL OR INSTITUTION	OF (If not in hospital or oddress or location)	institution, giv	e street	c. CITY OR TO	WN (If out		RURAL ond give township)
Gould (	Convalesarium	ı		D. STREET ADD	4.1	rurdi, give location)	
- SEX	6. RACE 7	AAA BRIED N	EVER MARRIED	B. DATE OF BIRT	Vorthu	9. AGE (In years	
temale	white	widou	DIVORCED (specily)	2-21-10	886	10st birthdoyi 79	If Under 1 Yr. II Under 2 Months Doys Hours
	I working life, even il retired)	US, KIND OF S	DZINEZZ OK INDUZIKA		yland		12. CITIZEN OF WHAT COUNTRY?
FATHERS NA	IME			14. MOTHER'S K	AAIDEN NAA	ΛE	
Henry	Morris Leon	rard		Ida/	Mae Ge	orge	
. Wos Deceose	d Ever in U. S. Armed Force	s?  1	6. SOCIAL SECURITY NO.	17. INFORMANT		0	ADDRESS
		22	0-46-9885	Chido 1	n. Nor	th	same
18. 4	22.11	T	CAUSE O		7,1070		INTERVAL BETWEE
DISEA	ASE OR CONDITION DIRE	CTLY					
(This does	LEADING TO DEATH	List of the second	(A) Ar	terioscl	eroti	c cardio- disease	lo yrs.
heart failure	nal mean the made of d , asthenia, etc. It means th	ne diseose,	DUE TO	vas	cular	disease	
injury ar ca	implication which coused d	eath.)	T. I.	atus her			30 yrs.
	ANTECEDENT CAUSES		DUE TO	a cup her	liber Charles	ra ctre /	J
	OR CONDITIONS, if an						100
	he abave cause (A) s IG CONDITION last.	namy me	(C)		***************************************		
OTHER SIGN	IG CONDITION Iasi.  II  NIFICANT CONDITIONS CO DEATH BUT NOT RELATE	NTRIBUTING ED TO THE	(6)				
OTHER SIGN TO THE I	IG CONDITION Iasi.  II  VIFICANT CONDITIONS CO DEATH BUT NOT RELATI R CONDITION CAUSING IT.	NTRIBUTING ED TO THE	IICH OPERATION	20 A. AUTOPS		1 208. IF YES, WER	E FINDINGS CONSIDERED AUSES OF DEATH?
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OTHER SIGN TO THE I DISEASE OF 19A. DATE O 21A. ACCIDI OR CONTRIB DEATH (notil	IG CONDITION Iasi.  II  NIFICANT CONDITIONS CO DEATH BUT NOT RELATI R CONDITION CAUSING IT. DIF OPERATION 179B. CONDITION WAS PERFORM ENT WAS UNDERLYING UNDERLYING CAUSE OF	NTRIBUTING ED TO THE TON FOR WH RMED	TICH OPERATION	20 A. AUTOPS: NO n or obout 21 C. W. ffice bldg., INJURY	Y? (Yes or No HERE DID OCCUR?	208. IF YES, WERI	E FINDINGS CONSIDERED AUSES OF DEATH?
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OTHER SIGN TO THE DISEASE OF 19A. DATE OF 19A. SIGNAT	IG CONDITION Iasi.  II  NIFICANT CONDITIONS CO DEATH BUT NOT RELATIR RECONDITION CAUSING IT.  OF OPERATION 19B. CONDI WAS PERFO  ENT WAS UNDERLYING CAUSE OF BUTING CAUSE OF BUTING CAUSE OF In medical examiner)  (Manth) (Doy) (Year)  The condition of the causes stated and from the causes stated  URE  LIVE CAUSE  EMATION, 124B. DATE	TION FOR WERMED  218, Phome, etc.)  (Hour)  21E. II White Work  attended the alive an dabave. (1)	ACE OF INJURY (e.g., i form, foctory, street, o NJURY OCCURRED AI Not Whith AI Work deceased from 1.00 (We) (did) (did not) which was a constant of the consta	20 A. AUTOPS: No n or obout 21 C. W. ffice bldg., INJURY 21 F. HC  21 F. HC  21 F. HC  22 F. HC  23 D. ADDRESS 3902 G	Y? (Yes or No HERE DID OCCUR?  DW DID INJU  and the fter death.  Add. irector	O 208. IF YES, WERING COMMENT OF THE PROPERTY	e findings considered Ausses of Death?  Dire City, give exect location)  Tust 7, 19  Dinlan death occurred an the 23B. DATE SIGNED Aug. 9, 1969
UNDERLYIN  OTHER SIGN TO THE IDISEASE OF 19A. DATE OF 19A	IG CONDITION Iasi.  II  NIFICANT CONDITIONS CO DEATH BUT NOT RELATIR RECONDITION CAUSING IT.  OF OPERATION 19B. CONDI WAS PERFO  ENT WAS UNDERLYING CAUSE OF BUTING CAUSE OF BUTING CAUSE OF In medical examiner)  (Manth) (Doy) (Year)  The condition of the causes stated and from the causes stated  URE  LIVE CAUSE  EMATION, 124B. DATE	TION FOR WERMED  218, Phome, etc.)  (Hour)  21E. II White Work  attended the alive an dabave. (1)	AICH OPERATION  LACE OF INJURY (e.g., i form, foctory, street, o NJURY OCCURED  AI Not Whill AI Work  deceased from 1.6  (We) (did) (did not) (M.D. AIII)  Phy  M.D. AIII  M.D. AIII.	20 A. AUTOPS: No n or obout 21 C. W. ffice bldg., INJURY 21 F. HC  21 F. HC  21 F. HC  22 F. HC  23 D. ADDRESS 3902 G	Y? (Yes or No HERE DID OCCUR?  DW DID INJU  and the free death.  TEENING	O 208. IF YES, WERING COMMENT OF THE PROPERTY	e FINDINGS CONSIDERED AUSES OF DEATH?  DIE City, give exect location)  CUST 7, 19 (19 control on the course of the



vs. 153 signed by funeral director. 8/16/65 C. Bowens

I. NAME OF DECEA						
(Type or Print)		.lanter			AND HOUR OF DEAT	1 1
BLACE OF DEAT	ELMER H			Cler	past & 191	institution; residence before admission
S. PLACE OF DEATH	IN BALIMORE, MA	ARILAND		A, STATE B. CO	UNTY	A CH
FULL NAME OF	(If not in hospital	or institution,	give street	MARYLAND		ballo
HOSPITAL OR	oddress or location	on)		C. CITY OR TOWN (IF	outside city limits, writ	e RURAL and give township)
O IUTH	ERAN HOSPIT	TAL OF A	MARVIANO	D. STREET ADDRESS	42	53-00
	. ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	70 -7			(If rural, give location)	2.1
ery I	24.65	T- 44 488455	NEWER ALABRIED	B. DATE OF BIRTH	Uak n	oad
SEX 6.	RACE WHITE		D, DIVORCED (specify)	In In I	9. AGE (In years lost birthday)	If Under 1 Yr. It Under 24 Hrs Months Doys Hours Min.
			RRIED	12/2/00	64	
	rking lite, even it retired)		F BUSINESS OR INDUSTR	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY?
Maintenan	100	B.T.C		Marvland		UNITED STATES
3. FATHER'S NAME		1.00	<b>U</b> •	14. MOTHER'S MAIDEN N	AME	
Julius N	lickel			Emma Lysher		
5. Wos Deceased E	ver in U. S. Armed Fo	orces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
es, no or unknown) (I	If yes, give wor or dot	tes of service)	SECURITY NO.	The state of the s		
		111115	210-13-0198	Mrs. Bessie	M. Nickel	same
18. /63 /	X I		CAUSE	OF DEATH		ONSET AND DEATH
	OR CONDITION DI			19. 15	0.	
	meon the mode of		(A)	Tulmmany &	M.Z.+~Z	
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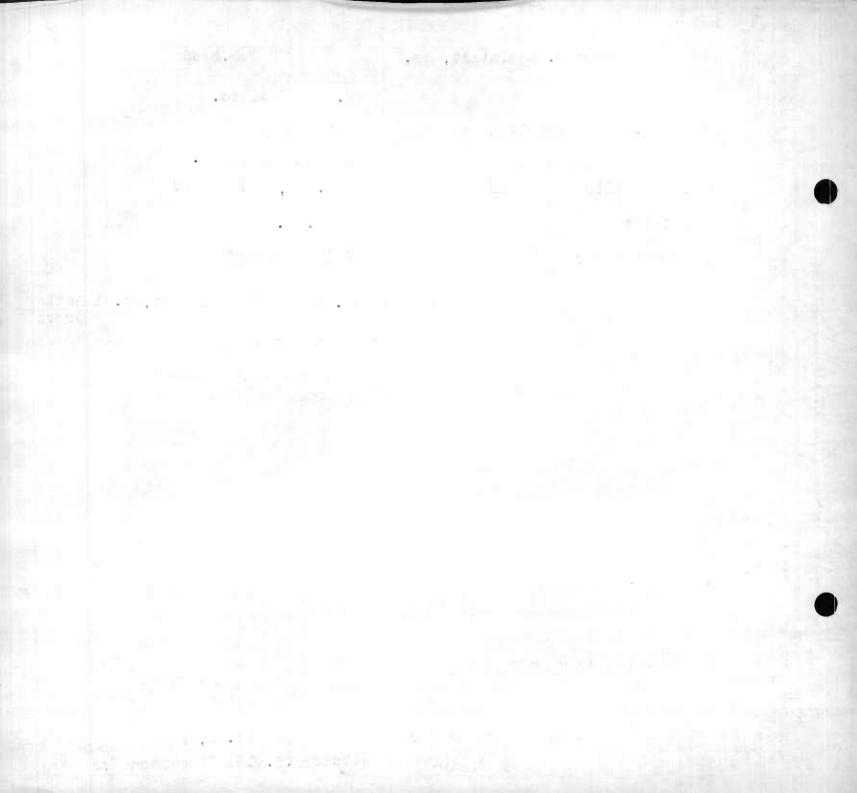




IMPORTANT

FUNERAL DIRECTOR:

VS 150-REV, 1/1/65



Such

death.

prior

a hospital and cause of death

BALTIMORE CITY HEALTH DEPARTMENT

	H NO.	65 82:	18 CERTIFICA	TE OF DEATH	Registered No.	55 8218
	AME OF DEC	FASED		2 DATE	AND HOUR OF DEATH	
	e or Print)		lifton Gettier	Au	gust 6, 1965	l M
3. 1	LACE OF DEA	TH IN BALTIMORE, MA	RYLAND	4. USUAL RESIDENCE () A. STATE B. CO	DUNTY	institution: residence before admission)
1	FULL NAME OF HOSPITAL OR NSTITUTION	F (If not in hospital oddress or location	or institution, give street	Maryland	Baltimo:	RURAL ond give township)
0	5.3	225 Waalaa A		Baltimore D. STREET ADDRESS	(If rurol, give location)	
		325 Wesley A	lvenue	5325 Wesl	ey Avenue	
5. 5		6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specily)	B, DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
_	Male	White	Widowed	9/27/1878	86	
		JPATION (Give kind of work working life, even if retired)	108, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	toreign country)	12. CITIZEN OF WHAT COUNTRY?
	Engra			Baltimore		U.S.A.
13.	FATHER'S NAM			14. MOTHER'S MAIDEN	NAME	
		ohn Frederic		Ida I	Fisher	
		(II yes, give wor or dote		17. INFORMANT		ADDRESS
	No		215-01-3345	Virginia Pyle	s 5325 Wesle	ev Avenue
	(This does n hearl foilure,	E OR CONDITION DIR LEADING TO DEATH at meen the made of asthenia, etc. It means	dying, e.g., DUE TO	gestul Ca	udiac fail	INTERVAL BETWEEN ONSET AND DEATH
		plication which caused ANTECEDENT CAUSES	(B) QUE TO	ewschu	ses.	
	rise la lhe	OR CONDITIONS, if obave couse (A) CONDITION lost.	any, giving			
		II.				
ATION	TO THE DI	FICANT CONDITIONS C EATH BUT NOT RELA CONDITION CAUSING I	TED TO THE			
ERTIFIC	19A.DATE OF	OPERATION 198, CON WAS PERI	DITION FOR WHICH OPERATION FORMED	20A. AUTOPSY? (Yes o		FINDINGS CONSIDERED AUSES OF DEATH?
CAL CE	OR CONTRIBU	NT WAS UNDERLYING THING CAUSE OF medical examiner)	21 B. PLACE OF INJURY (e.g., inhome, form, foctory, street, of etc.)	n or about 21 C. WHERE DII	Of the Boltimo	re City, give exact location)
MEDI	21 D. TIME OF INJURY (APPROX.)	(Month) (Day) (Year)	(Hour) 21 E. INJURY OCCURRED  While At Not While At Work		INJURY OCCUR?	1.4.
		-	) attended the deceased fram	5/2/65	19 ta 5	76/6 5 19
			ed abave. (I) (We) (did) (did nat) v			thich death accorred on the date
	23A. SIGNATU	ellenich		ending Med. S. Director	Stoll Phys.	23B. DATE SIGNED
	23C. PHYSICIA	. Hord Sch	lenot M.D.	6410 Win	Soi Wil	Odd
24A	. BURIAL CREA	MATION, 248, DATE	24C, NAME of CEMETERY or CRE	MATORY 240	LOCATION (C	city, town, or county) (State)

REMOVAL (Specify) 8/9/65 Burial

Druid Ridge Cemetery

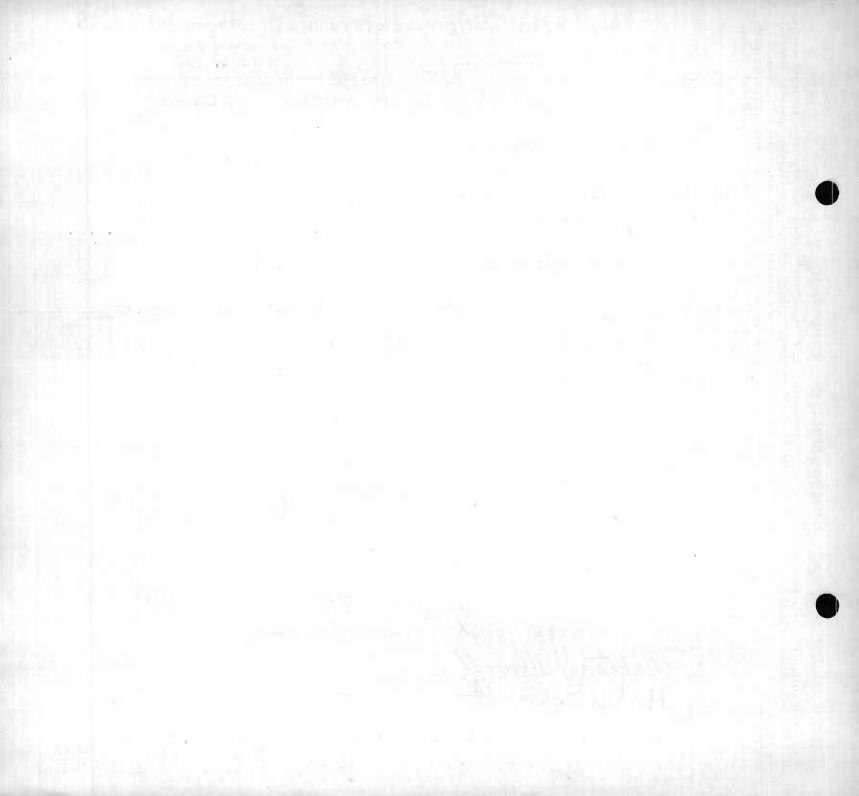
258. NAME OF RESISTRAR

256. THE AUG 9 1965

VS 150-REV. 1/1/65

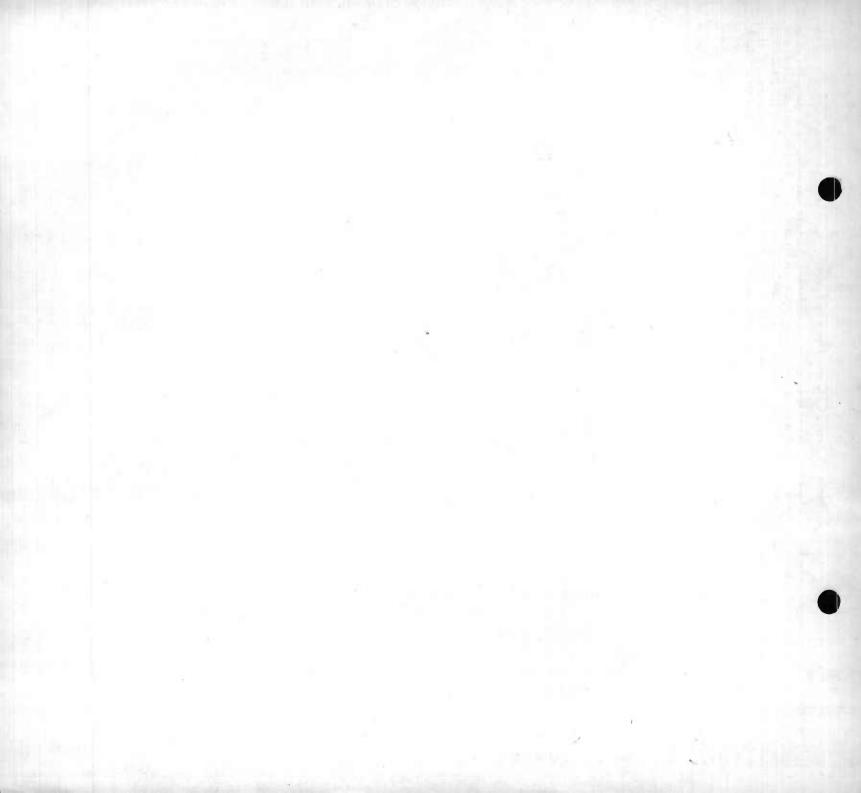
Maryland

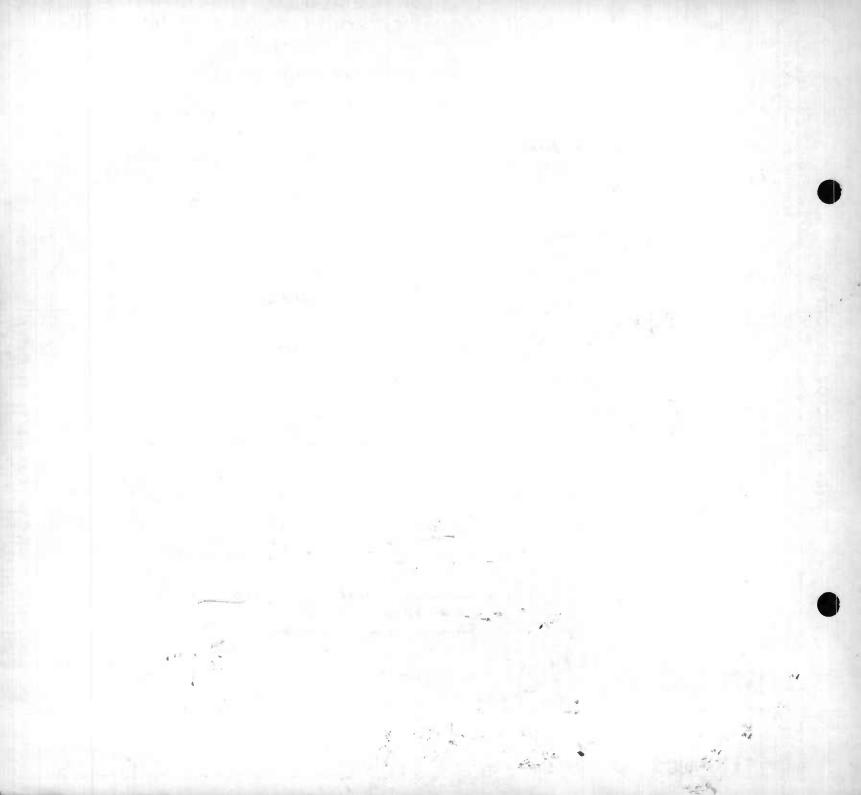
250 TUNITAL DIRECT ADDRESS
ELISWOrth Armacost 4600 Liberty Heights

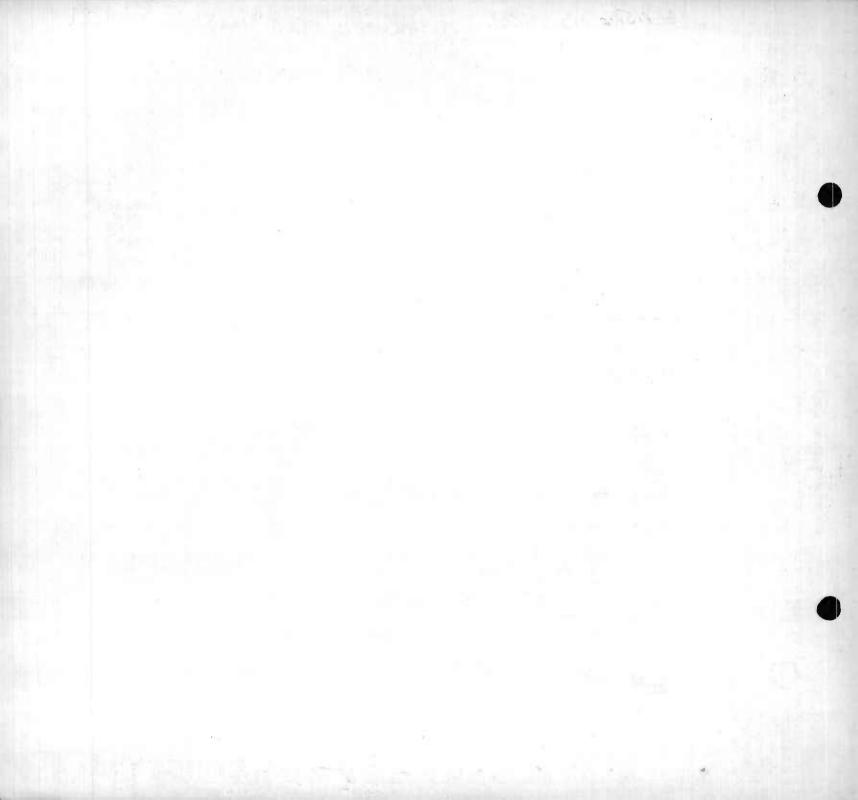


		FUNER	AL DI	RECTOR	FUNERAL DIRECTOR: IMPORTANT	RTANT				'n	_
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	roved by the hospita	he chief	medical	examine	er or his a	ssistant the dir	if death	occurred	in a ho	spital and of death	41
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	y nature;	(2) Body	burns; (	3) A frac	ure of any	kind; (	4) Undet	ermined	cause; (5	Decedsed	5
was D.O.A. at a hospital (e	except where the physician who pronounced death was in regular attendance on the	ere the p	hysicia	n who pi	ronounced	death	was in	regular	attendan	ce on the	0
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	oN (9) pur	physicic	In was	in regula	ir attenda	nce on	the deci	agsed pr	ior to de	eath. Such	

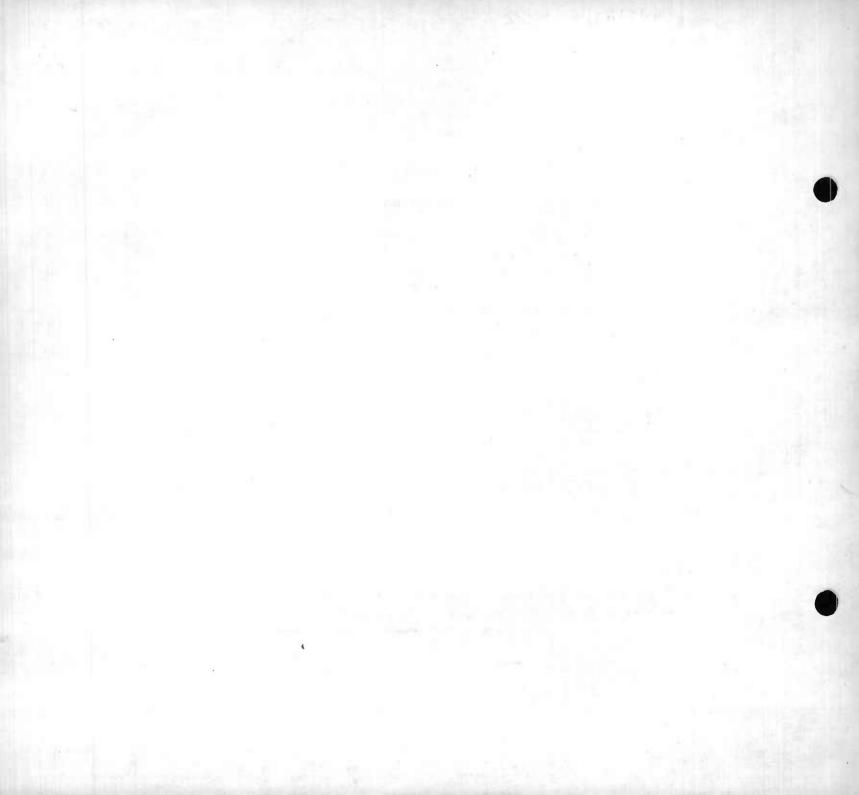
BIRTH NO. 4517597 65 82	40	Y HEALTH DEPARTMENT		CE 0940
M.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered No	65 8219
1. NAME OF DECEASED			HOUR OF DEATH	
(Type or Print) BABY GIRL 13. PLACE OF DEATH IN BALTIMORE, MARYLAI	VEALE "A"	7 - 6	28-65	6:201
3. PLACE OF DEATH IN BALTIMORE, MARYLA	ND	4. USUAL RESIDENCE (Where A. STATE B, COUNT	deceased lived. If insti	tution: rasidanca befare admis
	ataue: Commission of the Commi	A. STATE B. COUNT	700	7-1861
FULL NAME OF (If not in hospital or ins HOSPITAL OR address or tacation)	titution, give street	C. CITY OR TOWN (If outs		207
INSTITUTION				RAL and give township)
2 SINAI HOSPITAGE	Of the second second	D. STREET ADDRESS (If ru		
- STANT HOZINING	112			
<u> </u>	a processing of	2429 REISTE	ETOWN R	D
6. RACE 7. N	ARRIED NEVER MARRIED	B. DATE OF BIRTH 9.	AGE (In years est birthday)	If Under 1 Yr. If Under 24 Manths: Days Hours Mi
F NEGRO	VIDOWED, DIVORCED (Specity)	7-19-65	ost birthdoy)	Manims Days Hours M
OA. USUAL OCCUPATION (Give kind of work 10 B.	KIND OF RUSINESS OR INDUSTRY		n country)	12. CITIZEN OF
one during most of working life, even if retired)				WHAT COUNTRY?
NEW BORN		MARY L'AND		U.S.A.
NEW BORNI 3. FATHER'S NAME		14. MOTHERS MAIDEN NAM	E	
ROBERT Neale		ELAINE	Janicon	1
			Jacksor	
5. Was Deceased Ever in U. S. Armad Farces? es,na ar unknawn)(If yas, give war ar dates of	service) 1 6, SOCIAL SECURITY, NO. 1 :-	17. INFORMANT		ADDRESS
	ACCOUNTS OF THE PARTY OF THE PA			
18.	CAUSE C	DF DEATH		INTERVAL BETWEEN
/ / Ø X				ONSET AND DEATH
DISEASE OR CONDITION DIRECTL	т	10 10 0		0
(This does not mean the made of dyin	g e.g (A)	MATURITY		DATS
heart failure, asthenio, etc. It means the			Arc.	
injury ar camplication which caused deat	h.) sim	80,000	Apre	
ANTECEDENT CAUSES	(B)	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
DISEASES OF CONDITIONS IS ANY	DUE TO			
DISEASES OR CONDITIONS, if any, rise to the above cause (A) stati	giving (C)			
UNDERLYING CONDITION last.	1 10/ 00010-0000000000000000000000000000			
II II				
OTHER SIGNIFICANT CONDITIONS CONT	RIBUTING			
TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.				1 2 3 1 1 1 1 1
19A DATE OF OPERATION 119R CONDITIO	N FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B, IF YES. WERF FIN	NDINGS CONSIDERED
WAS PERFORM			IN CERTIFYING CAUS	ES OF DEATH?
21A ACCIDENT WAS LINDERLYING	218 BLACE OF INTLIBY!	n or about 21 C WHERE DID	III in Date -	City also asset to 1141-13
21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., i hame, larm, factory, straet, a	lfice bldg., INJURY OCCUR?	ur in Baltimore	City, give exact locotion)
DEATH (natify madical examiner)	atc.)			
21D. TIME (Manth) (Day) (Year) (Ha		21F. HOW DID INJU	RY OCCUR?	
OF INJURY	While At Not Whi	10 🗀		
	1110K			
22. I certify that (I) (this haspital) att	ended the deceased from	7-19 19	65 10 17	- 25 19
that (1) (we) last sow the deceased oli		19 6 5 and the		on death accurred at the
	•		(my/ (oor/ opini	on geom occorred on the
ond hour and from the causes stoted o	bove. (I) (We) (did) (did not)	view the body ofter deoth.		
23A. SIGNATURE			2	3B. DATE SIGNED
Joyce of Ches	M.D. Att	anding Med. S	hy s.	7-28-65
23 C. PHYSICIAN'S		23D. ADDRESS	, , , ,	1 00-00
NAME (Type)		0111500000	r Wales VIII	N.B.
JOYCE L. CHEN	ANXT	OW BRANKIN O	P MYAGISYALA	TXUL
4A. BURIAL CREMATION, 24B. DATE	24C. NAME at CEMETERY OF CR	EMATORY 24D. LO	CATION (City,	tawn, or county) (St
REMOVAL (Spacify) AUG 9 1	965 JOHN	S HOPKINS ME	DICAL SC	HOOL
a different A	BOILT.	S HOLKING MIL	DIVILL DO	
TO PATE DEC'D AND HEALTH DERT P. 1818.	NAME OF REGISTRAR	25C FUNERAL DIRECTOR	CDILLOS	ADDRESS
Man a man appen a	,	MUNIUAKY S	ERVICE -	BCHD
				~ ~ A A A A

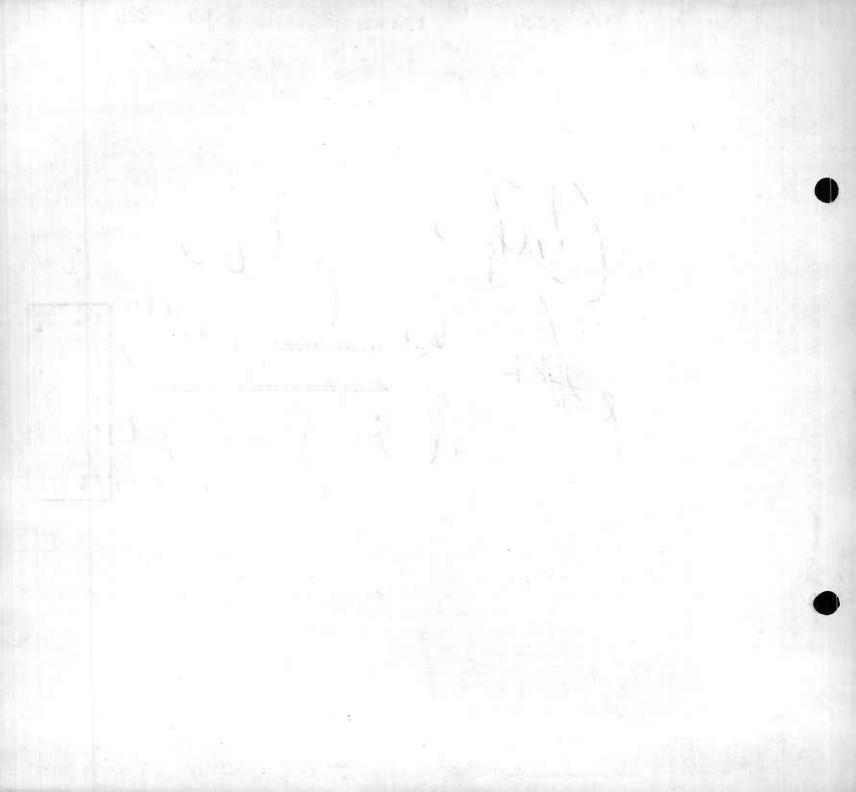






BIR	TH NO. 45-1927 65 8 E CASE NO.	222 CERTIFICA	TE OF DEATH	Registered No	0000
1 A	LAME OF DECEASED			ID HOUR OF DEATH	BRRR
{Ту	PLACE OF DEATH IN BALTIMORE, MAI	WOOLEY	8-	3-65	6:
0	PLACE OF DEATH IN BALTIMORE, MAI	WLAND	4. USUAL RESIDENCE (Whe	re deceased lived. If in	stitution: residence before
	FULL NAME OF (If not in hospital of	or institution, give street	Maryland	Comment	Jan 7
	HOSPITAL OR oddress or location	)	C. CITY OR TOWN (If ou	tside city limits, write	RURAL and give township
2	0 //		Baltimore D. STREET ADDRESS = (IF	rural, give locotion)	
	Smai Hosp				Dal
5. :	- V	7. MARRIED NEVER MARRIED WIDOWED, DIVORCED (specily)	2845 Core  B. DATE OF BIRTH  2-2-65	9. AGE (In years	If Under 1 Yr. If Un Months Doys Hours
	M Brazo	WIDOWED, DIVORCED (specily)	8-2-65	lost birthdoy)	Months Doys Hours
	USUAL OCCUPATION (GIVE kind of work	108, KIND OF BUSINESS OR INDUSTRY		gn country)	12. CITIZEN OF WHAT COUNTRY
don	e during most of working life, even il retired)		Maryland	2.	1/51
13.	FATHER'S NAME	,	14. MOTHER'S MAIDEN NA	ME	1 4.377.
	Pernie. Woo	ley	mercedes Day	115	
15. (Ye	Was Deceased Ever in U. S. Armed Forces, no or unknown) (If yes, give wor or date:	/	17. INFORMANT		ADDRESS
	year, give wor or dole:	s of service) SECURITY NO.			
-	18. 776 X 1	CAUSE O	OF DEATH		INTERVAL BET
	DISEASE OR CONDITION DIR	ECTLY			ONSET AND
	LEADING TO DEATH (This does not mean the made of	dving a g	mmalurely	0 4+4 <b>0 8</b> 0 8000 80 <b>44</b> 440 00 00 00 00 00 00 00 00 00	16 Mg
	heart failure, asthenia, etc. It means injury or camplication which caused	the disease,			
	ANTECEDENT CAUSES	(8)		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
	DISEASES OR CONDITIONS, if	DUE TO			
	rise to the above cause (A)		**************************************		
	II				
ATION	OTHER SIGNIFICANT CONDITIONS C				
	TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING IT	·			
CERTIFIC	19A. DATE OF OPERATION 19B. CONI		20 A. AUTOPSY? (Yes or No	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
CER	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., i	n or obout 21C, WHERE DID	(If in Boltimore	City, give exact locatio
AL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., i home, farm, foctory, street, o etc.)	Ifice bldg., INJURY OCCUR?		
DIC	21 D. TIME (Month) (Doy) (Year)	(Hour) 21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
MEDI	OF INJURY (APPROX.)	While At Not While At Work	le 🗀		
	22. I certify that the (this hospital)			19 65:5	8-3
	that of (we) last saw the decease	( -			nian death accurred
	and haur and from the causes stat				death deconod
	23A. SIGNATURE	10	sas, and dading	\ .	23 B. DATE SIGNED
	Jance !	Chen . M.D. Att.	ending Med. Director	Stoff Phys	8-3-6
	23C. PHYSICIAN'S		23D. ADDRESS		U
	JOYCE 2.	CHEN M.D.	Smai Her	peter	
24/	A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	1965 NAME OF CEMPTERY TO	EMATORY A R 1 240 C	OCATIOND VI A	wn, or county)
	REMOVAL (Specify) AUG 9	1303	We bearing	MARILAI	TD .
25/	A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTION S	SE PUNETA DIRECTOR	HCAL SCH	OOL ADDRESS
	AUG 9 1965 A.O.	R. E. Falling	MORTHARY	SERVICE	BCHD.
ŝ	150-REV. 1/1/65		Anotes Curies	JUNE 110	





IMPORTANT DIRECTOR: FUNERAL

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT Registered No. outside city limits, write RURAL and give township 1 2 if Under 24 Hrs. If Under 1 Yr. Months Doys Hours 12. CITIZEN OF WHAT COUNTRY? USA ADDRESS INTERVAL BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) .19.65 and that in(1/10) (our) apinion death occurred on the date 23B. DATE SIGNED (City, town, or county) ADDRESS

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ANYW COS

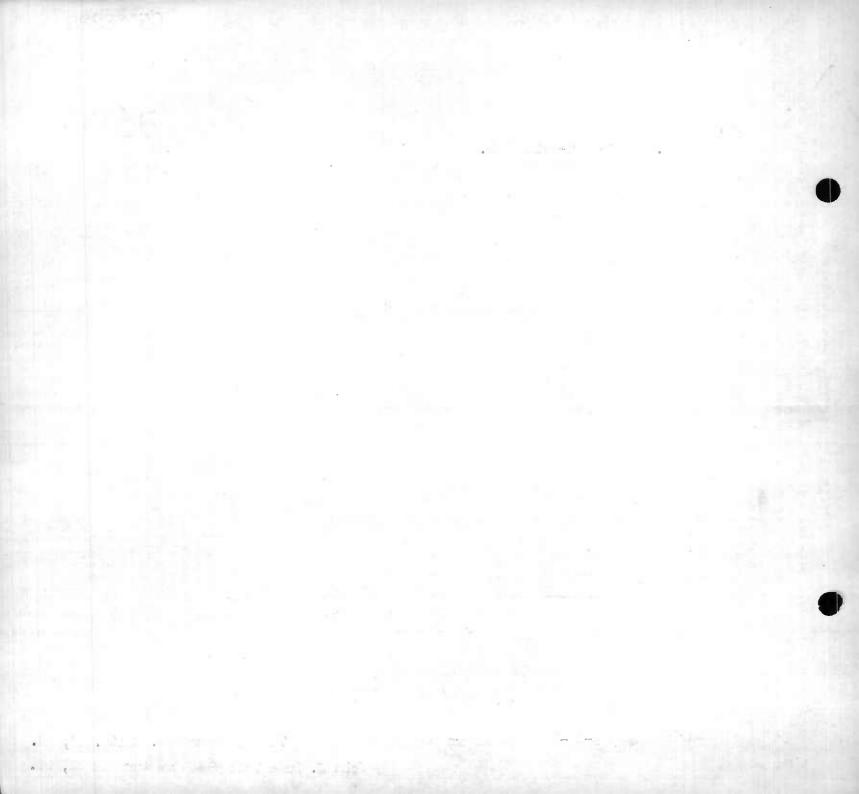
Many Wester 242 C.

Prince 8/9/15 Bestiman Tations Exclange

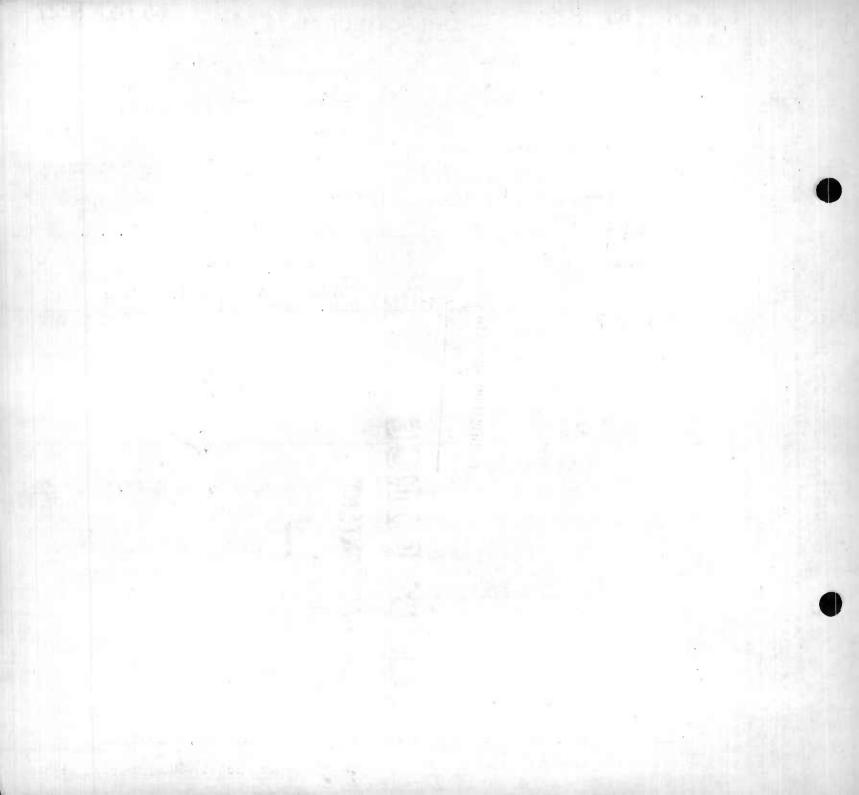
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BIRT	TH NO.6/- 3	7750 MED	CAL EXAM	AINER'S C	ERTIFICA	TE OF D	EATH Registe	red 85_	8225
1	E. CASE NO.								
1. (Ty	NAME OF DEC pe or Print)		EROME G	OODMAN		2. DATE AND	HOUR PRONOUNCE		8:40 p. M.
3. F	PLACE IN BALTI	MORE, MARYLAND, W	HERE PRONOUNCED	DEAD	4. USUAL RESI		deceased lived. If insti	itution: resider	nce before odmission)
HO	SPITAL OR	(IF NOT IN HOSPITA	AL OR INSTITUTION,	GIVE STREET			corporate limits, write	RURAL ond	give township)
1						Baltimor DRESS (If rurol,		0 (	and the same
		St. Jose	h Hospital			1911 Per	lmann Court		
5. 5	male	colored	7. MARRIED, NEVER		RODATE OF BIR	1, 1961	9. AGE (In years lost birthdoy)	Months D	Yr. If Under 24 Hrs. oys Hours Min.
		PATION (Give kind of working life, even if retired)	TOB. KIND OF BUSIN	IESS OR INDUSTR	11. BIRTHPLACE	(State or foreign	n country)	12. CITIZEN WHAT	OF COUNTRY?
13.	PATHER'S NAM	in Par	elpa 1.		14. MOTHER'S A	MAIDEN NAME	(adua)		A BATTER
		D EVER IN U.S. ARMED		CIAL CURITY NO.	17. INFORMANT	en C	only s	ADDRESS	
1	10 IB.	100		CAUSE	OF DEATH	enel A	re for	and	NTERVAL BETWEEN
	DISEAS	E OR CONDITION DI		/	niocerebr	al iniur	v	0	ONSET AND DEATH
	(This does n	LEADING TO DEATH of meon the mode of osthenio, etc. It meons	dying, e.g., the discose,	(A)DUE TO					
	injury or corr	plication which coused	geom./						
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.								
NO.		11		( )	····				
ERTIFICATION	TO THE	IFICANT CONDITIONS DEATH BUT NOT RE CONDITION CAUSING	ATED TO THE						
CERT	19A. DATE OF	OPERATION 19B, CON WAS PER		OPERATION	yes	Y? (Yes or No)	20B. IF YES, WERE FILL IN CERTIFYING CAUS	NDINGS COR	N SIDERED TH?
EDICAL	UNDERLYING UTING CAUS	CAUSE WAS OR CONTRIB-		OF INJURY (e.g., foctory, street, reet,	in or about 21C.	WHERE DID (RY OCCUR?	of in Boltimore City, gi	ve exoct loco	otion)
Z	21D TIME	(Month) (Doy) (Yeo		URY OCCURRED		ULUI DID WOI			0-0
	OF INJURY (APPROX.)	8 6 65 8:	25 p. m. WHILE WORK		WHILE X TU	n over b	y wheel of	truck	
		ify that I held an I			40		s basis, death in n		
		ed fram: Natural ca	Accide	nt x Suicid		eide U	Indetermined manne	er	DATE SIGNED
	SIGNATI	JRE VV VV	11-4n	M. D	ASSISTANT			0/2/	
		ype) Werner U			ASSOCIATE			8/7/	
	MOVAL (Specify	MATION, 23B. DATE	165 16	Dalla	MITTLE C	23D. Le	5501 Th	Nown, or cou	(Stote)
24/	A. DATE REC'D	1965 P	24B, NAME OF RE		24C. FUNE	RAL DIRECTOR	94/16	AD /	DRESS 129 Nous
VS	151-REV. 1/1/6	5 N 8 5	6,826	500	0.7	7 3 0	· Graysca	11	- ( ) / wik

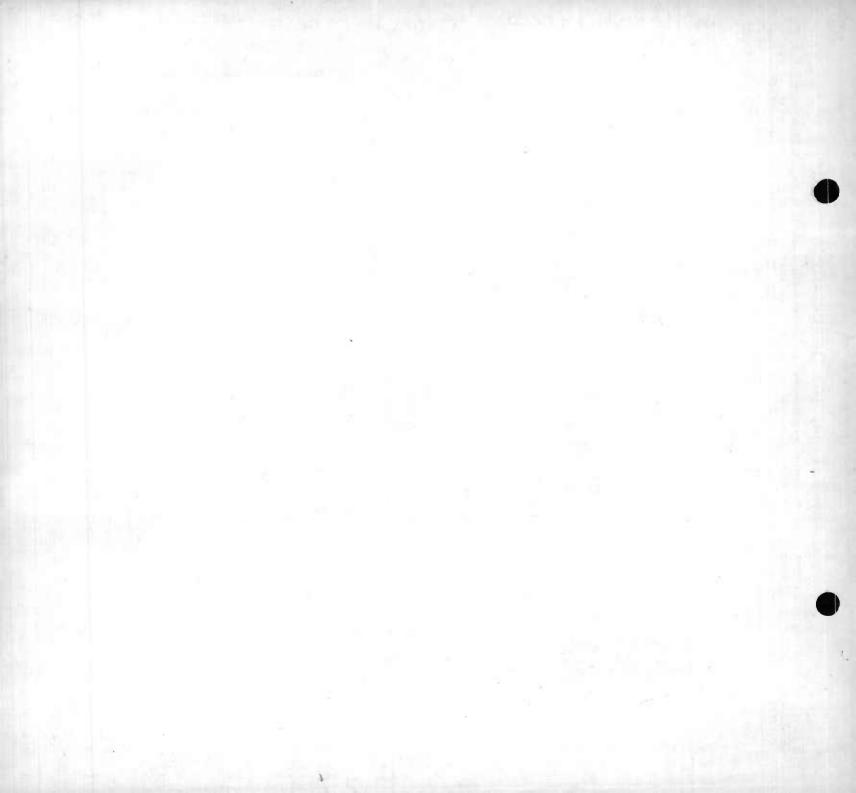
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VS 150-REV. 1/1/65



VS 150-REV, 1/1/65

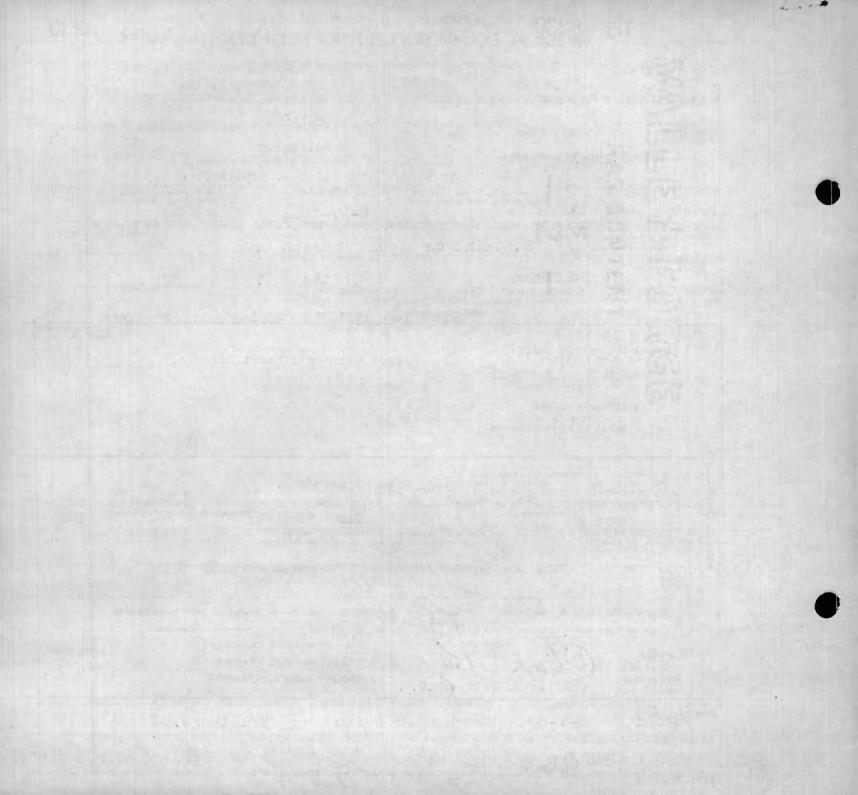


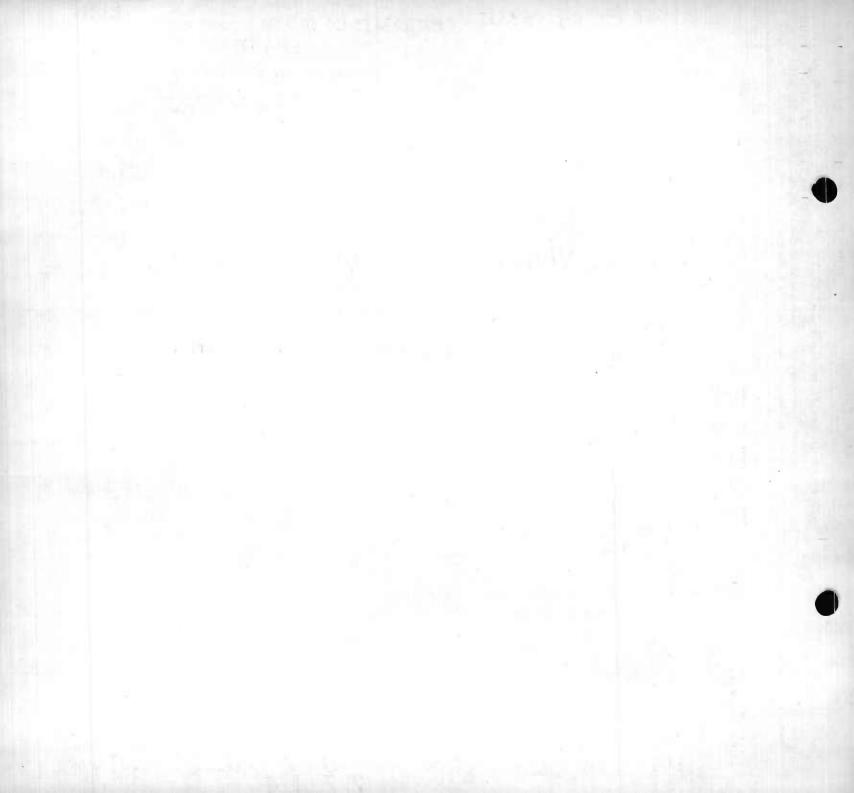
Many Kinderwell Male wilcola 1 longland Interest frames for the Elwh K DE 54-63-11 EB 1981 Ca SI Single Maried Co Had proposal Charles Linder-under GM. Aboloming Anemoral - aHZA Comment of Blacker 9 8 1 Stephen Margolis Marthad Grand Hospital In the Mill

VS 151-REV. 1/1/65

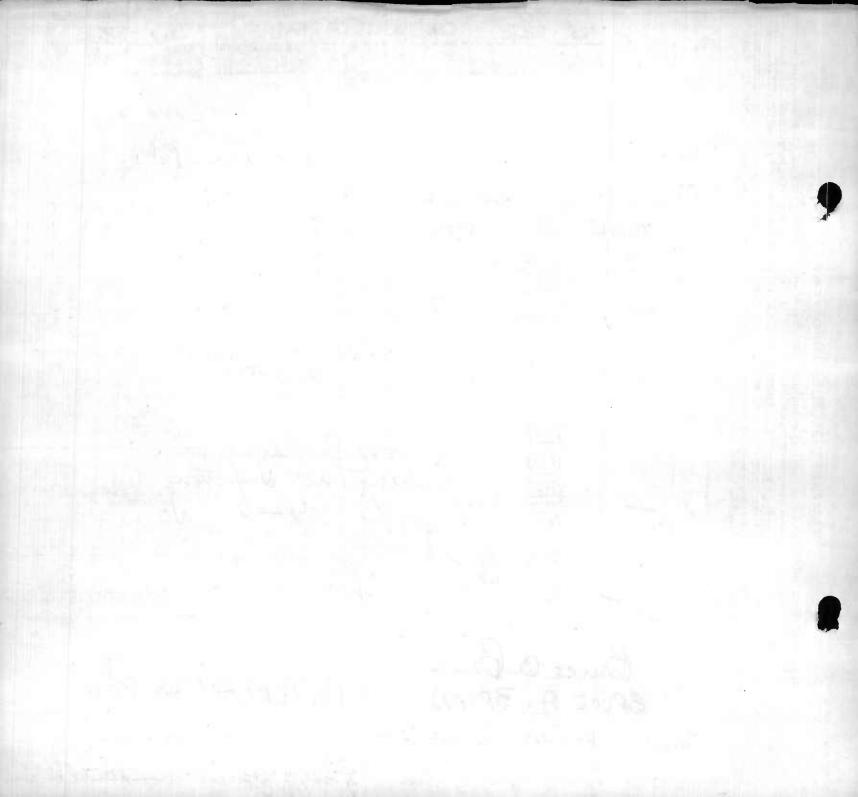
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IKIH NO.	MLDI	CALLA	AMINALK 3 CI	LKIIIICAI	LOID	LM III Kegisie		
M.E. CASE NO.								
Type or Print)	SMITH		ROBINSON			t 5, 1965	D DEAD	3:00 P M
L PLACE IN BALT	IMORE, MARYLAND, WI			A. STATE Mary	yland	B. COU	INTY	dence before odmission
HOSPITAL OR NSTITUTION	ADDRESS OR LOCA				timore	corporate limits, write	RURAL of	nd give fownship)
101	3 S. Baylis S	treet		D. STREET ADDR		lis Street		
s. sex Male	6. RACE Caucasian		NEVER MARRIED IVORCED(specify)	B. DATE OF BIRTH		9. AGE (In years lost birthdoy)	If Under	Doys Hours Min.
	I UPATION (Give kind of work werking life, even if retired) SOCT		BUSINESS OR INDUSTRY	11. BIRTHPLACE	State or foreign		12. CITIZI WHA	T COUNTRY?
3. FATHER'S NAM		20000	TITT COD DOGG	14. MOTHER'S MA	ON W.V	ěst.		USA
3	Robin			Inatte	?			
Yes, no or unknown	O EVER IN U.S. ARMED		16, SO CIAL SECURITY NO.	17. INFORMANT			ADDRESS	
11B.			234148218	Gertie :	Kingsle	ey as	abor	INTERVAL BETWEEN
DISEASES RISE TO THE UN DERLYIN  OTHER SIG	LEADING TO DEATH not meen the mode of one of the mode of the mode of one of the mode of the mode of one of the mode of the	dying, e.g., the discose, death.)  S NY, GIVING A TING THE	(B) DUE TO  (C)	chopneumo		D Zocabe i		
<u> </u>	R CONDITION CAUSING	DITION FOR W	***************************************		(Yes or No) 2	OB. IF YES, WERE FIL		
Ö	WAS PERI	ORMED		Yes - P	artial "	N CERTIFYING CAUS	SES OF DE	Yes
UNDERLYING CAU	L CAUSE WAS OR CONTRIB- SE OF DEATH.	21 B. P home, etc.)	LACE OF INJURY (e.g., form, foctory, street, c	in or obout 21 C. W iffice bldg., INJURY	HERE DID (If	in Baltimore City, gi	ve exoct lo	ocntion)
21D TIME OF INJURY (APPROX.)	(Month) (Doy) (Year		E. INJURY OCCURRED  HILE AT NOT AT W	WHILE	INTNI DIQ MO	Y OCCUR?		
22.	tify that I held an li	nquiry 🗌	Inspection Aut	apsy 🔀 and	that an this	basis, death in m	ny apinia	n
resul	ted fram: Natural car	ses X A	ceident Sulcid			determined manne	er	
ACTUAL		rele. I	Very M.D.	ASSISTANT ME		MINER X		B/5/65
EXAMIN NAME (		s S. Pe	tty OM.D.	ASSOCIATE M	EDICAL EXA	AMINER		
23A, BURIAL CRE REMOVAL (Specification Buria)			ardens Of		Ba]	cation (City,		
AUG 9	BY HEALTH DEPT.	BE J	alley M.A	Watt	al DIRECTOR	weste 10		address undellede

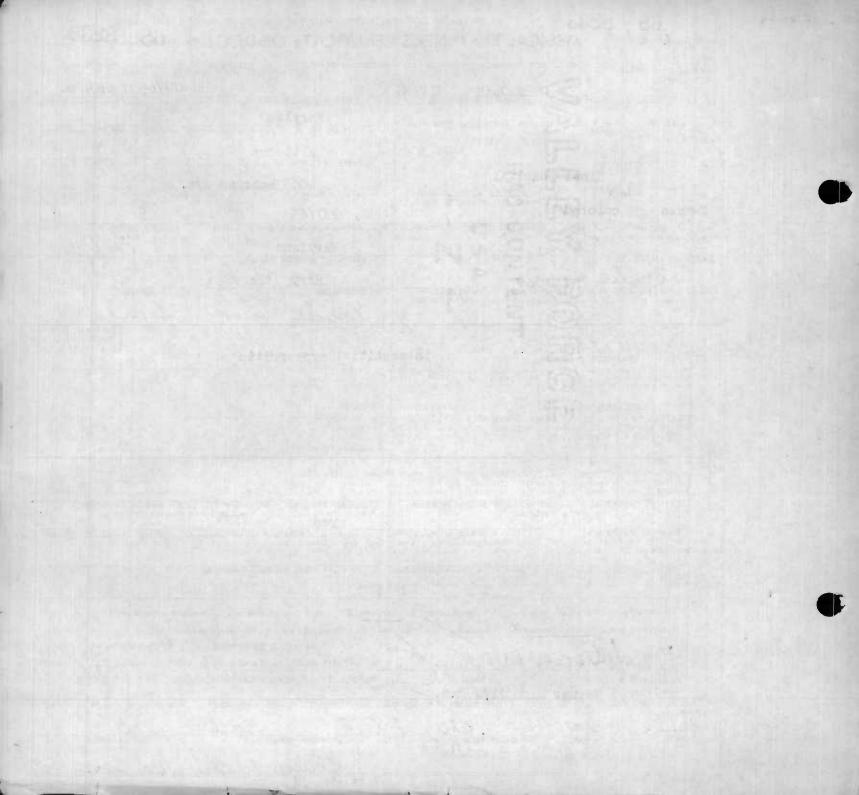




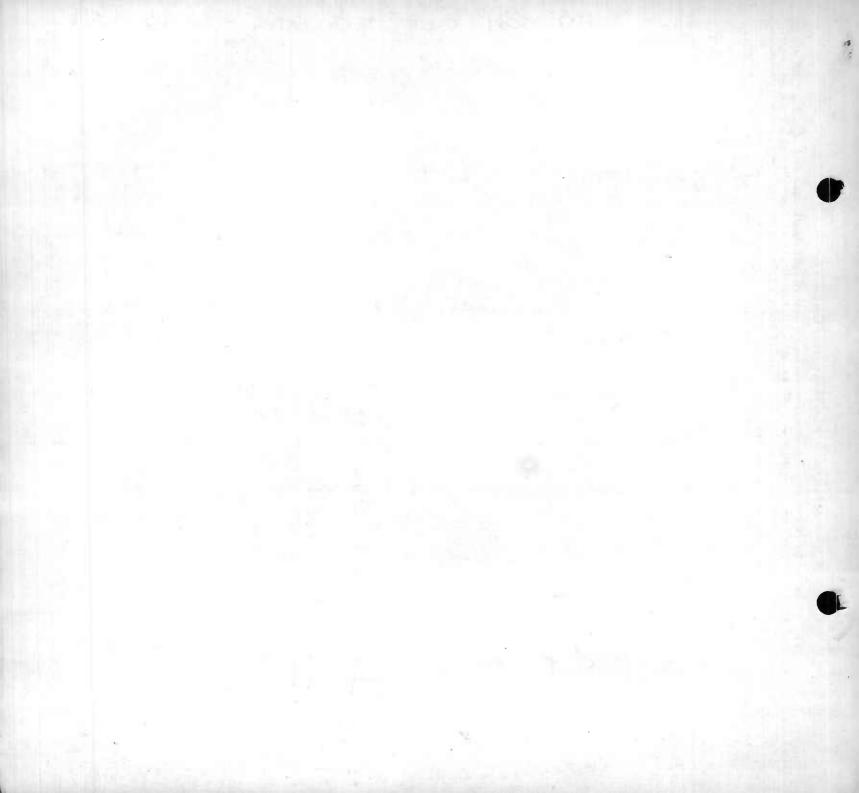
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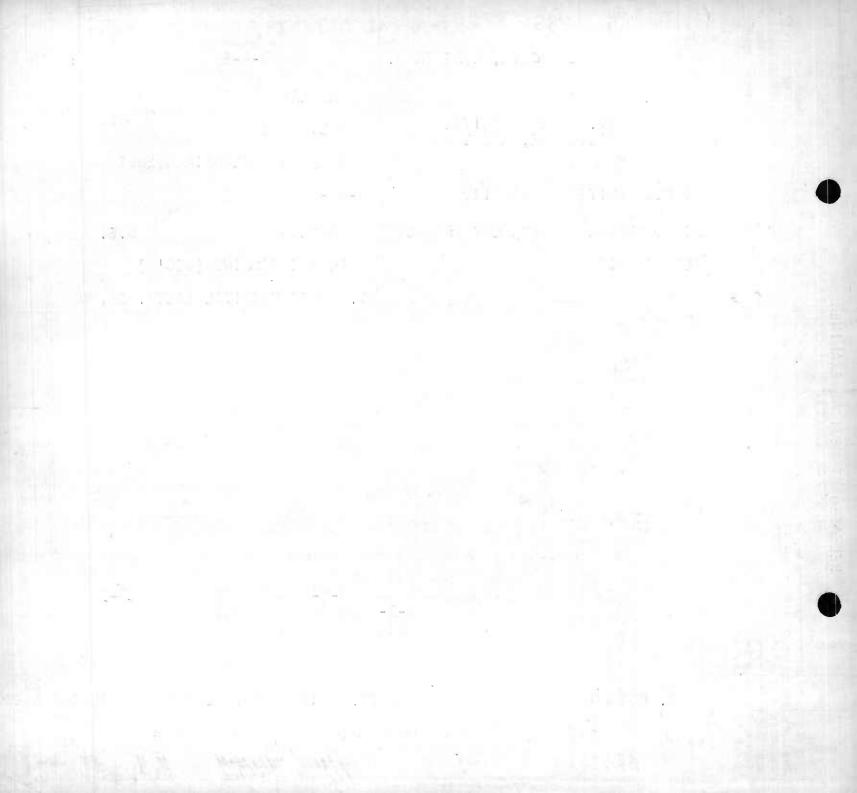


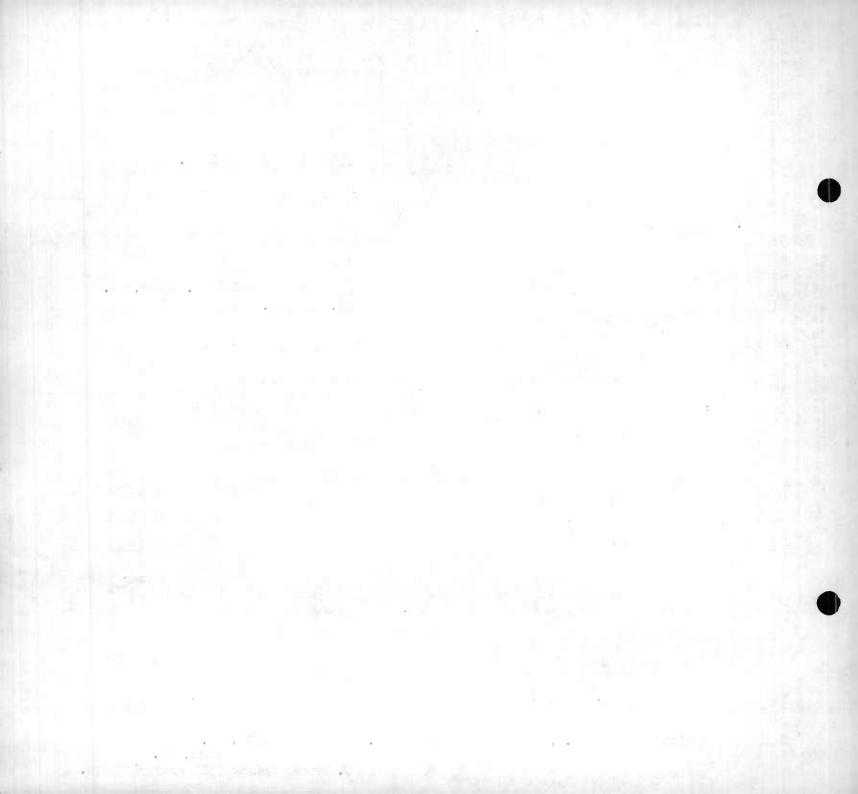
	E CITY HEALTH DEPARTMENT
BIRTH NO. 65 8234 CERTIF	ICATE OF DEATH Registered No.65 8234
M.E. CASE NO.	ICATE OF DEATH
NAME OF DECEASED	2. DATE AND HOUR OF DEATH
Type or Print)	JULY 27, 1965 13 - 4
PLOYENCE NUGERS	
PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If institution; residence before adm
	A, STATE B. COUNTY
FULL NAME OF (If not in hospital or institution, give street	MaryLynd 6
HOSPITAL OR oddress or locotion)	C. CITY OR TOWN (If outside city limits, write RURAL and give township)
INSTITUTION	C. CITY OR TOWN (If outside city limits, write RURAL and give township)
	Baldimana
2011 1.1	D. STREET ADDRESS (If rurol, give location)
2846 Orherns St	^
	2016 Orleans Sr.
CEN LA DACE TO MANAGED MENUED MANAGED	
6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (speci	ify)  B. DATE OF BIRTH  9. AGE (In years If Under 1 Yr. If Under 2 Months Doys Hours A
6	MAY 16, 1904 61
N	
A. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR IND	OUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
one during most of working lile, even if retired)	WHAT COUNTRY?
10- martis	Balto Ma. U.S.A.
Wewestil home	
FATHER'S NAME	14. MOTHER'S MAIDEN NAME
11 5	f / Air
MILES 1. NIXON	therence Nixon
i. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS
es, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	
No 218-22-2	4748 HenerITTA WILLIAMS SAI
18. 9 9 7 V 1 CAL	USE OF DEATH INTERVAL BETWEE
00/1	ONSET AND DEAT
DISEASE OF CONDITION DIRECTLY	1
LEADING TO DEATH	propary (true Dige.
(This does not meon the mode of dying, e.g., DUE T	
heart failure, asthenia, etc. It means the disease,	
injury ar complication which caused death,)	
	Caralina the new terms
ANTECEDENT CAUSES (B)	
DUE T	
DISEASES OR CONDITIONS, if ony, giving	( Houts
rise to the above cause (A) stating the (C)	
UNDERLYING CONDITION last.	
II .	
CTUSE SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
WAS PERFORMED	and the ground of partition
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY	(le.g., in or about 21 C. WHERE DID (If in Boltimore City, give exact location)
OR CONTRIBUTING CALLSE OF home loss factory ste	(le.g., in or obout 21 C. WHERE DID (If in Boltimore City, give exact location) reet, office bldg., tNJURY OCCUR?
DEATH (notify medical examiner) etc.)	
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRE	D 21F. HOW DID INJURY OCCUR?
OF IN 1118V	
MATERIA A	of While
While At No	Wade
While At No	Work L
(APPROX.) While At No	
(APPROX.)  While At No Work  22. I certify that (I) (this happen) attended the deceased fram	Jely 26, 1963 10 July 27 19
(APPROX.) While At No	Jely 26, 1963 10 July 27 19
(APPROX.)  While At No Work  22. I certify that (I) (this harmed) attended the deceased from that (I) (we) last saw the deceased alive an No Work  While At No No Work  At	Je Ley 26 19 63 to July 27 19
(APPROX.)  While At No Work  22. I certify that (I) (this happen) attended the deceased fram	Je Ley 26 19 (3 to July 27 19 19 19 6 and that in (my) (aur) apinion death accurred an the
(APPROX.)  While At No Work  22. I certify that (I) (this harmed) attended the deceased from that (I) (we) last saw the deceased alive an No Work  While At No No Work  At	19 6 and that in(my) (aur) apinion death accurred an the nat) view the bady after death.
22. I certify that (I) (this hand) attended the deceased from that (I) (we) last saw the deceased alive an and haur and from the causes stated above (I) (We) (did) (did 23A. SIGNATURE	19 6 and that in (my) (aur) apinion death accurred on the nat) view the bady after death.  238. DATE SIGNED
22. I certify that (I) (this handled the deceased from that (I) (was) last saw the deceased alive an and hour and from the causes stated above (I) (We) (did) (did	19 (13 to July 27 19 19 19 19 19 19 19 19 19 19 19 19 19
22. I certify that (I) (this hand) attended the deceased from that (I) (we) last saw the deceased alive an and haur and from the causes stated above (I) (We) (did) (did 23A. SIGNATURE)  M.D.	19 (13 to July 27 19 19 19 19 19 19 19 19 19 19 19 19 19
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(APPROX.)  While At Work  22. I certify that (I) (this hand) attended the deceased from that (I) (we) last saw the deceased alive an	19 (13 ta J.L.) 19 (13 ta J.L.) 19 (15 ta J.L.) 19 (16 ta J.L.) 19 (17 ta J.L.) 19 (18 ta J.L.
(APPROX.)  While At No Work  22. I certify that (I) (this harmed) attended the deceased from that (I) (we) last saw the deceased alive an included the deceased from and haur and from the causes stated above (I) (We) (did) (did 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)	19 G and that in (my) (aur) apinion death accurred an the nat) view the bady after death.  23B. DATE SIGNED Phys. 23D. ADDRESS M.D.  or CREMATORY  24D. LOCATION (City, town, or county) (S
22. I certify that (I) (this hand) attended the deceased from that (I) (we) last saw the deceased alive an and hour and from the causes stated above (I) (We) (did) (did 23A. SIGNATURE A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY)	19 G and that in (my) (aur) apinion death accurred an the nat) view the bady after death.  23B. DATE SIGNED Phys. 23D. ADDRESS M.D.  or CREMATORY  24D. LOCATION (City, town, or county) (S
(APPROX.)  While At Work  22. I certify that (I) (this hand) attended the deceased from that (I) (we) last saw the deceased alive an work  and haur and from the causes stated above (I) (We) (did) (did 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  4A. BURIAL CREMATION, REMOVAL (Specily)  Burnel (Specily)  8-2-65  ALTO  Attended the deceased from that deceased alive an work of cemetery  A. BURIAL CREMATION, REMOVAL (Specily)  8-2-65  ALTO  Attended the deceased from that deceased from that (I) (we) (did) (did 1) (we) (did) (did 1)	19 6 and that in (my) (aur) apinion death accurred an the nat) view the bady after death.  23B. DATE SIGNED Phys. 23D. ADDRESS M.D.  or CREMATORY  24D. LOCATION (City, town, or county) (S)  NAT. Com. BALLER M
22. I certify that (I) (this hand) attended the deceased from that (I) (we) last saw the deceased alive an and hour and from the causes stated above (I) (We) (did) (did 23A. SIGNATURE A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY)	19 G and that in(my) (aur) apinion death accurred an the nat) view the bady after death.  23B. DATE SIGNED Phys. 23D. ADDRESS M.D.  or CREMATORY  24D. LOCATION (City, town, or county) (S
(APPROX.)  While At Work  22. I certify that (I) (this hand) attended the deceased from that (I) (we) last saw the deceased alive an work  and have and from the causes stated above (I) (We) (did) (did and alive and alive and above (I) (We) (did) (did alive and above (I) (We) (did) (did) (did alive and above (I) (We) (did)	19 6 and that in (my) (aur) apinion death accurred an the nat) view the bady after death.  23B. DATE SIGNED Phys. 23D. ADDRESS M.D.  or CREMATORY 24D. LOCATION City, town, or county) 25C. FUNERAL DIRECTOR  ADDRESS  ADDRESS
(APPROX.)  While At Work  22. I certify that (I) (this hand) attended the deceased from that (I) (we) last saw the deceased alive an work  and haur and from the causes stated above (I) (We) (did) (did 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  4A. BURIAL CREMATION, REMOVAL (Specily)  Burnel CREMATION, REMOVAL (Specily)  3-2-65  ALTO.	19 6 and that in (my) (aur) apinion death accurred an the nat) view the bady after death.  23B. DATE SIGNED Phys. 23D. ADDRESS M.D.  or CREMATORY 24D. LOCATION (City, town, or county) (S)  NAT. Com. BALLER man.



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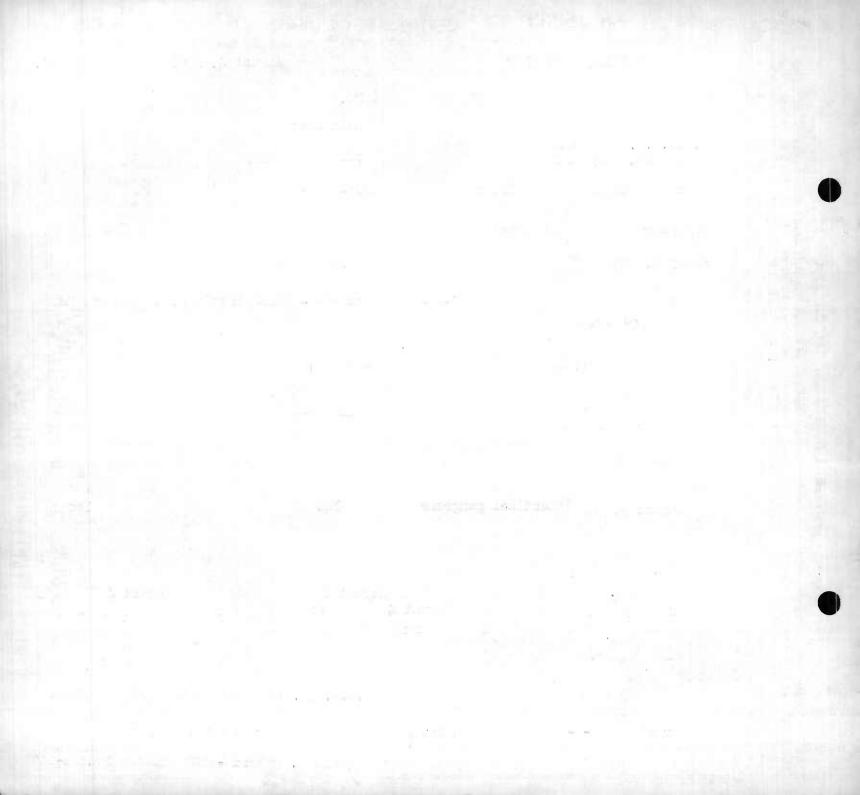
2SA. DATE REC'D BY HEALTH DEPT.

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT 8239 CERTIFICATE OF DEATH Registered No. BIRTH NO. M.E. CASE NO I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) August 4, 1965 9:05 A. M.
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) MERRILL HARD BUSH 3. PLACE OF DEATH IN BALTIMORE, MARYLAND B. COUNTY A. STATE Md. FULL NAME OF (If not in hospital or institution, give sheet oddress or location) C. CITY OR TOWN Ill outside city limits, write RURAL and give township) INSTITUTION Baltimore D. STREET ADDRESS (If rural, give location) U.S.P.H.S. Hospital 522 S. Broadway Baltimore, Maryland 6. RACE 7. MARRIED, NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 His. mai WIDOWED, DIVORCED (specify) Months: Doys Hours Male White Divorced Sep-9-1896 68 11. BIRTHPLACE (State or foreign country) 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Florida USA Engineer Seafarer 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME Henry H. Bush Alice Bethel 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT ADDRESS 6. SOCIAL Yes, no ar unknown) (Itt yes, give wor or dates at service) SECURITY NO. 214-10-0212 None Records - USPHS Hospital, Baltimore, Md. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH me (This does not mean the mode of dying, e.g., embal heart failure, asthenia, etc. II means the disease, injury or complication which caused deoth.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, il ony, giving to the obove couse (A) stoting the UNDERLYING CONDITION last, rema 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Yes 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19 A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION Intestinal August 3 1965 Int
21 A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF gangrene 218, PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID Ilt in Boltimore City, give exact location) home, form, foctory, street, office bldg., INJURY OCCUR? DEATH (notity medical examined MEDIC 21 D. TIME (Month) (Dov) (Year) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX) At Work Work August 4 19 65 August 2 1965 22. I certify that (\*) (this hospital) attended the deceased from... August 4 65 that (X) (we) last sow the deceased alive on..... and hour and from the causes stated above. (QD-(We) (did) (QBCQCQE) view the body after death. 238, DATE SIGNED 23A, SIGNATURE Attending [ Phys. M.D. Med. 8/6/65 pproval 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) U.S.P.H.S. Hospital, Baltimore, Markland 24A. BURIAL CREMATION, 248, DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify) Burial 8-9-65 Loudon Park

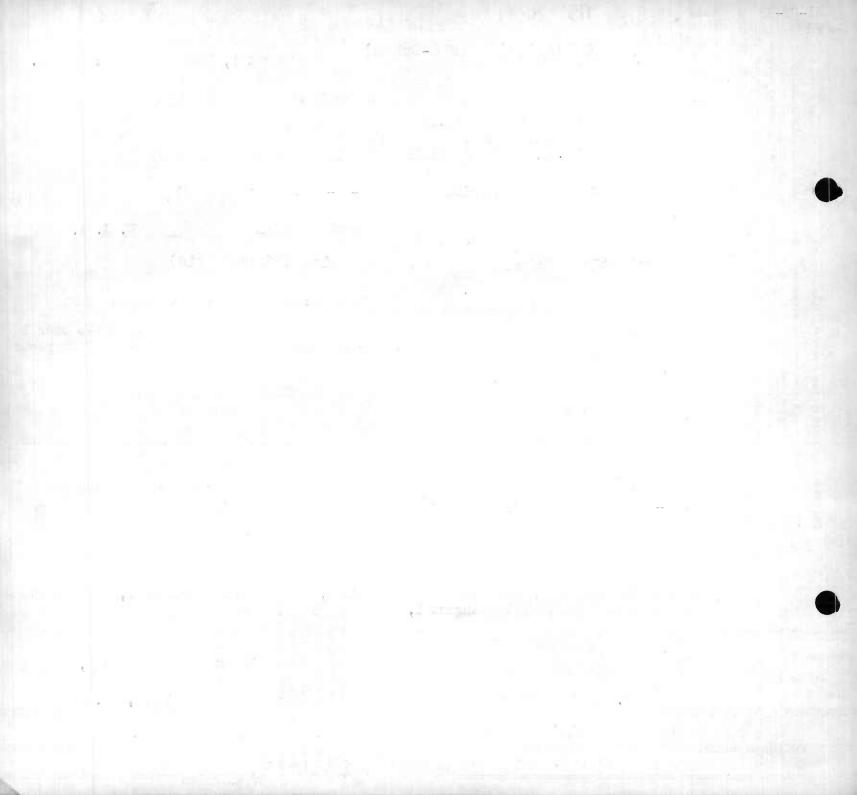
25B. NAME OF REGISTRAR

and that in (XXI (our) opinion death accurred on the date Baltimore, Maryland 25C. FUNERAL DIRECTOR Howard H. Hubbard-4107 Wilkens Avenue-21229

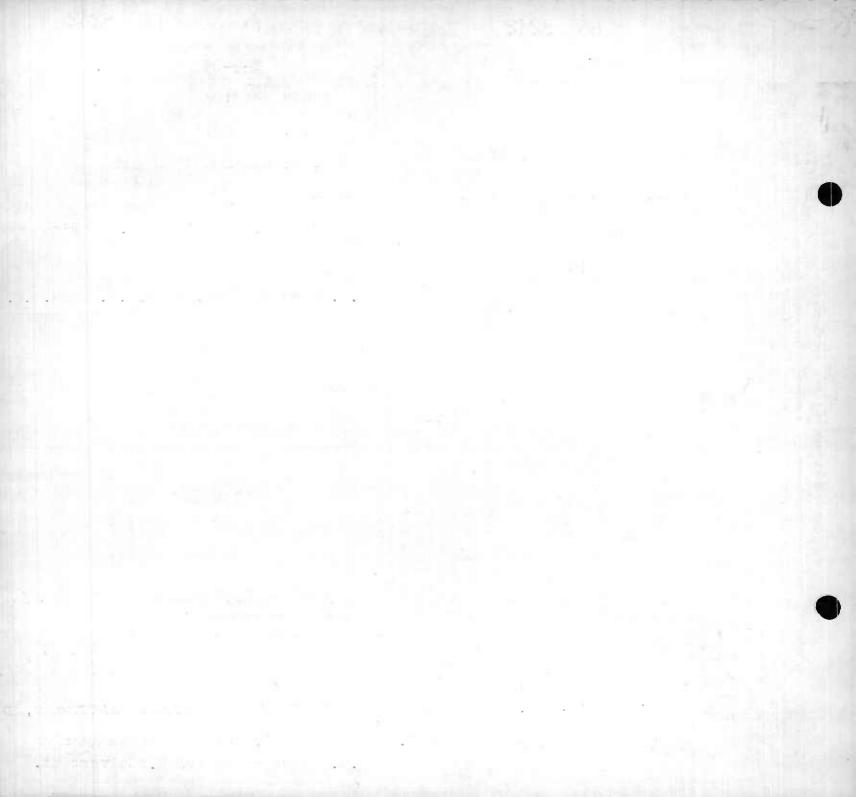


1	65 8240	BALTIMORE CITY HEALTH DEPARTMENT	Parisonal No. 65 8240
2	RTH NO. LE CASE NO.	CERTIFICATE OF DEATH	Registered No. 65 8240
	NAME OF DECEASED  ype or Printl LENA CONI	0 4 -	ND HOUR OF DEATH
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Who	ere deceased lived. Il institution: residence before admission
	FULL NAME OF (If not in hospital or institution, give	A. STATE B. COUP	BAITO CO.
2	HOSPITAL OR oddress or location) INSTITUTION		utside city limits, write RURAL and give township)
Ľ	ANDERSON CONV. H	D. STREET ADDRESS (III	rurol, give location)
	INDERSON CONV. A	58 MEL	
5.	SEX 6. RACE 7. MARKED, NE		9. AGE (In yeors   If Under 1 Yr. If Under 24 H lost birthdey)   Months; Doys Hours Min.
	F. W. NEVER	MARRIED 11/21/86	78
	A. USUAL OCCUPATION (Give kind of work 108, KIND OF BU	111	WHAT COUNTRY?
13	FATHERS NAME MAKER RE	14. MOTHER'S MAIDEN NA	U.S. a.
	11-124 PONDAD	ELIZABETH	3
15	HENRY CONRAD . Was Deceased Ever in U. S. Armed Forces? 16	SOCIAL 17. INFORMANT	ADDRESS
(1	es, no or unknown) (III yes, give wor or dotes of service)	MRS, ARIE	TTA SCHISLER
	18. 3 3 / X I	CAUSE OF DEATH	INTERVAL BETWEEN
	DISEASE OF CONDITION DIRECTLY	(A) CEREBRAL HEMO	ONSET AND DEATH
	(This daes not meen the made of dying, e.g.,	DUE TO	RRHOOE 2 days.
	hearl failure, asthenia, etc. It means the disease, injury or complication which coused deoth.)		
ı	ANTECEDENT CAUSES	(B)	
	DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) stating the	CHATERIOSCLEASIS	GENERALIZED YEARS
	UNDERLYING CONDITION 1051.	- ppp-backwart-relation	
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
EPTIEIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHI	CH OPERATION 20 A. AUTOPSY? (Yes or N	o) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
Tear	21A. ACCIDENT WAS UNDERLYING 7		(If in Boltimore City, give exact location)
A	DEATH (notify medical examiner) etc.)	ACE OF INJURY (e.g., in or about 21 C. WHERE DID form, factory, street, office bldg., INJURY OCCUR?	William Straig, MAS SYRET IDEORGE
FOIC	21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. IN	JURY OCCURRED 21F. HOW DID INJ	JURY OCCUR?
×	(APPROX.) While / Work	At Work At Work	
	22. I certify that (I) (this inspired) attended the	deceoped from	195210 Aug. 3, 1965
	that (I) (we) last sow the deceased olive on	1706. 3 1965 and 11	hat in(my) apinian death accurred an the d
H	and hour and from the causes stated above. (!) 🛱		
	23A SIGNATURE	M.D. Altending Med.	Stoff
	23C. PHYSICIANS	Phys. Director	Phys. 4 1963
	Gilbert E. Rudman		timore St.
24	A. BURIAL CREMATION, 248. DATE 24C. NAMI	COLI II. Dal	LOCATION (City, town, or county) (Stote
1	RUBIAL (Specily) 8/3/65 W	ESTERN	BALTO, ML
25	A. DATE REC'D BY HEALTH DEPT. 258. NAME OF R	REGISTRAR 25C. FUNERAL DIRECTO	to the state of th
	AUG 9 1965 R. C. B. E. Ata	Security E. S. NACI	WABB SUI FREDERICK
VS	150-REV. 1/1/65		21228

CECCIAN TEMPORES TO LONGE ACTEGIC SELECTION SECRETARY DESIGNATION Fullet E Pudman Kep. 5, 1963 TH



VS 150-REV. 1/1/65



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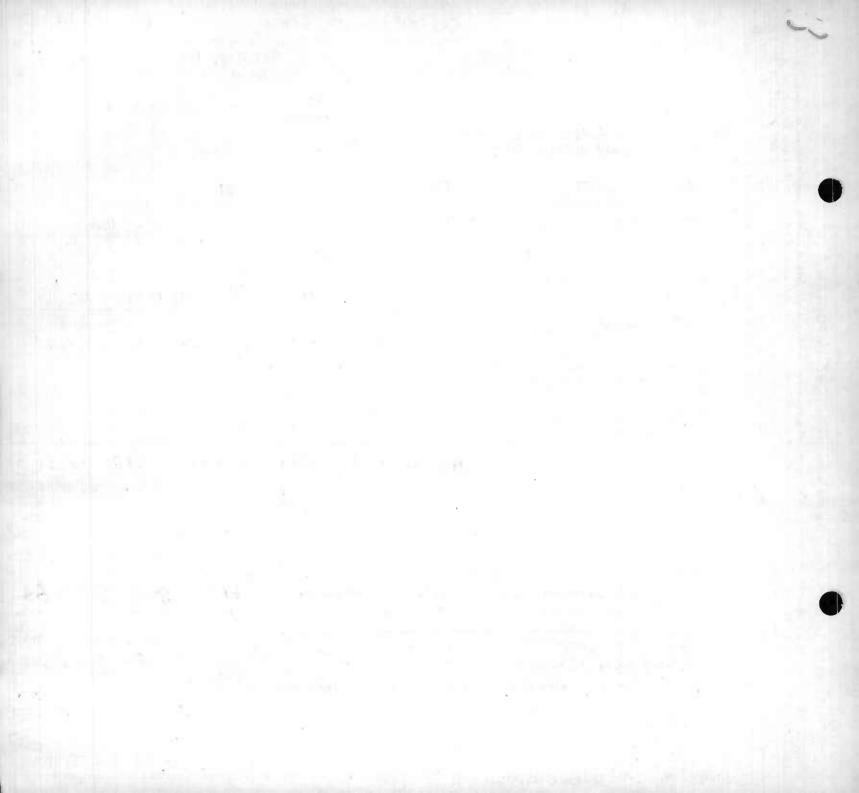
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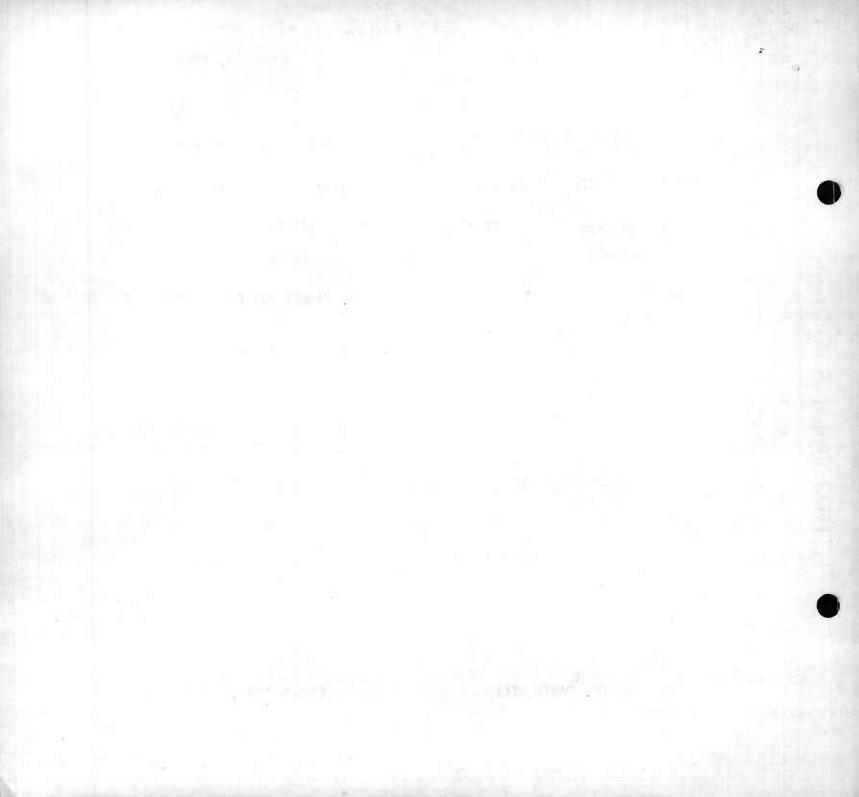
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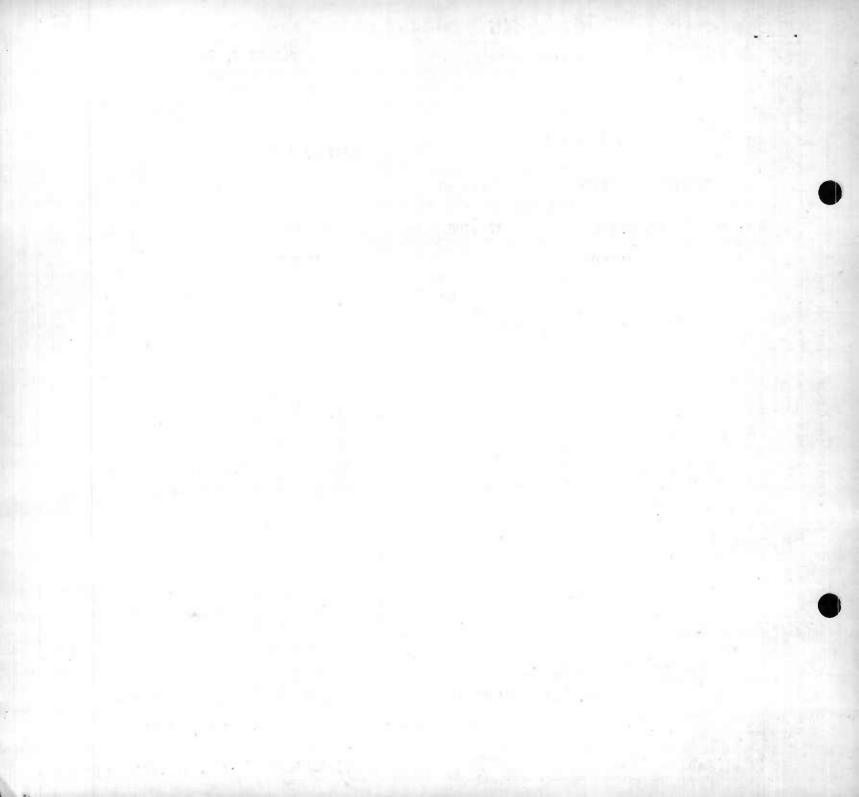
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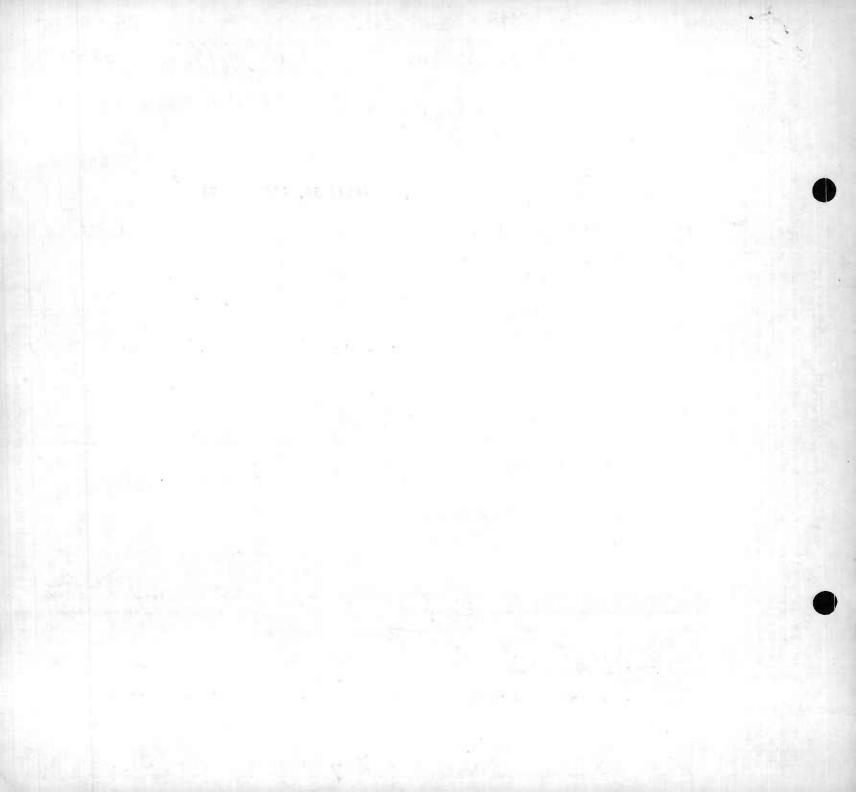
FUNERAL DIRECTOR:

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

If Under 24 Hrs.

Hours



VS 151-REV. 1/1/65

1965 Robert E. Farburns

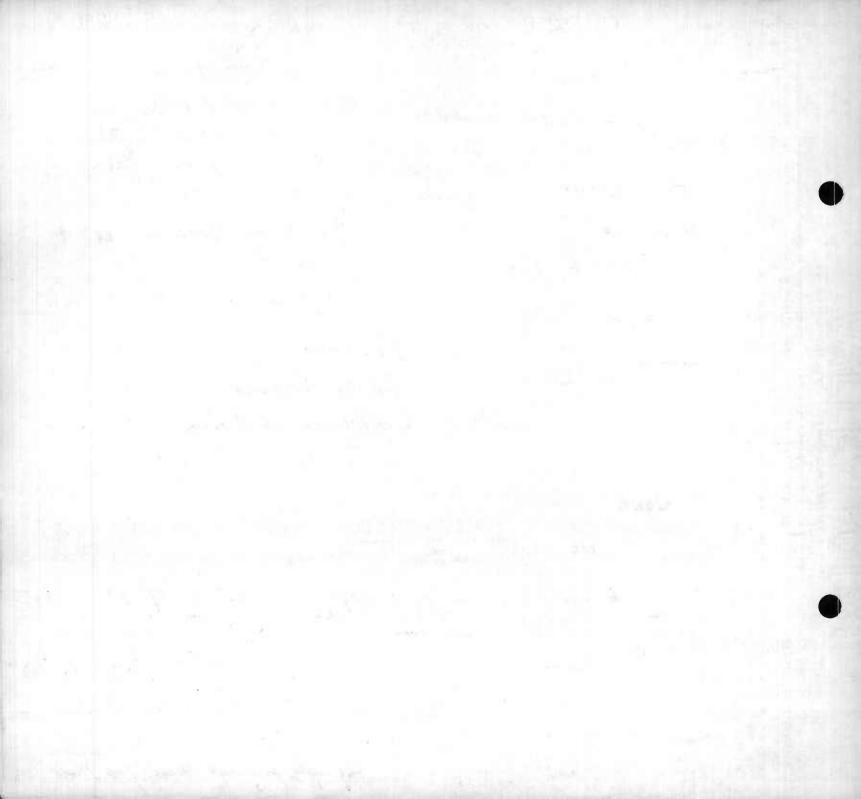
BIRTH NO.	65	8249 MEDI		BALTIMORE CITY HEA		OF DEATH Regist	65 8249	
M.E. CASE	NO.	MLD	ICAL L	AMII YER 5	LKIIIICAIL	OI DEATH REGIST	ered No.	
1. NAME O	F DECEASED				2. D	ATE AND HOUR PRONOUN	CED DEAD	
		GEORGE		MICK Cernik	2	8/6/6	5 13:48 р. м.	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD					4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission) A. STATE B. COUNTY			
FULL NAME HOSPITAL ON	R ADDI	T IN HOSPITA	AL OR INSTITU	JTION, GIVE STREET	c. CITY OR TOWN	nd (If outside corporate limits, wri	te RURAL and give township)	
1					Baltimo		56	
	City H	ospitals	3			(If rurol, give location)	~ ~	
5. SEX	6. RACE			NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.	
male	white		marr	DIVORCED (specify)	6-5-1902	63	Months Doys Hours Min.	
	OCCUPATION (	Sive kind of work			RY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF	
	rolman	even if retired)	Ralto	City Polic	e Baltimo	270	WHAT COUNTRY?	
B. FATHER'S			10200.	OTON LOTTE	14. MOTHER'S MAIDE		USA	
Tam	es Cern	ik			Man Desmark	76 D		
S. WAS DEC	CEASED EVER IN	U.S. ARMED		16. SO CIAL	Mae Dumpi	īÀ	ADDRESS	
no or unk	known) (If yes, gi	ve wor or dote	s of service)	SECURITY NO.	W-1 3-03 C	lamail TTOT OF		
11B.						ernikIIOI St		
1.3	41,0	1		CAUS	E OF DEATH		ONSET AND DEATH	
D	SEASE OR CO	NDITION DI	RECTLY	36			design of the second	
(This	does not meon	the mode of	dvina e.a.	(A Massiv	e gastro-inte	stinal hemorrha	age	
heort	failure, osthenio, or complication	etc. It meons	the discose.		originating f	rom duodenal ul	cen	
					0.15211001115 1	. I om auodonal di	rcei	
DISEA		DENT CAUSE		(B)	200000000000000000000000000000000000000			
RISE T	SES OR CONE	CAUSE (A) ST	ATING THE	DUE TO				
	ERLYING COND	DITION LAST,		(C)				
		11						
2 10 1	R SIGNIFICANT THE DEATH E	CONDITIONS	ATED TO T					
2			DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes	or No. 208, IF YES, WERE F		
UNDERLY	ERNAL CAUSE INGOR CONT CAUSE OF DEA	RIB-	21 B. home etc.)	PLACE OF INJURY (e.g., form, factory, street,	, in or about 21C. WHERI office bldg., INJURY OC	E DID (If in Boltimore City, and CUR?	give exact location)	
210 1117		(Doy) (Yeor	(Hour) 2	1E. INJURY OCCURRED	21 F. HOW D	ND INJURY OCCUR?		
OF INJU	RY	,,			WHILE	THE RESERVE TO SERVE		
22.			m, V		WORK			
	certify that I	held on Ir	nquiry 🗌	Inspection A	utopsy 🗶 ond tho	t on this bosis, deoth in	my opinion	
	resulted from:	Natural cou	ses X A	coldent Suici	de Homicide	Undetermined monr	ner 🗌	
				/ /		AL EXAMINER		
	TUAL	18/20	es 11.	911-	ASSISTANT MEDIC		DATE SIGNED	
EX	MATUREAMINER'S ME (Type)	Mama	TT Could	1	ASSOCIATE MEDIC		8/7/65	
-	CREMATION,	Werner 23B. DATE	II. Spit	Z. M.D.	OI CREMATORY	23D. LOCATION (City	y, town, or county) (State)	
EMOVAL (S		8-9-6		Baltimore (		Paltimore N		
A. DATE R	EC'D BY HEALT	H DEPT.	24B, NAME	OF REGISTRAR	24C. FUNERAL DI		ADDRESS	
AUG	9 1965	Robert	8. Fa	Dec M.D	Walter	Dabrawshi:	1005 Dunstalke	

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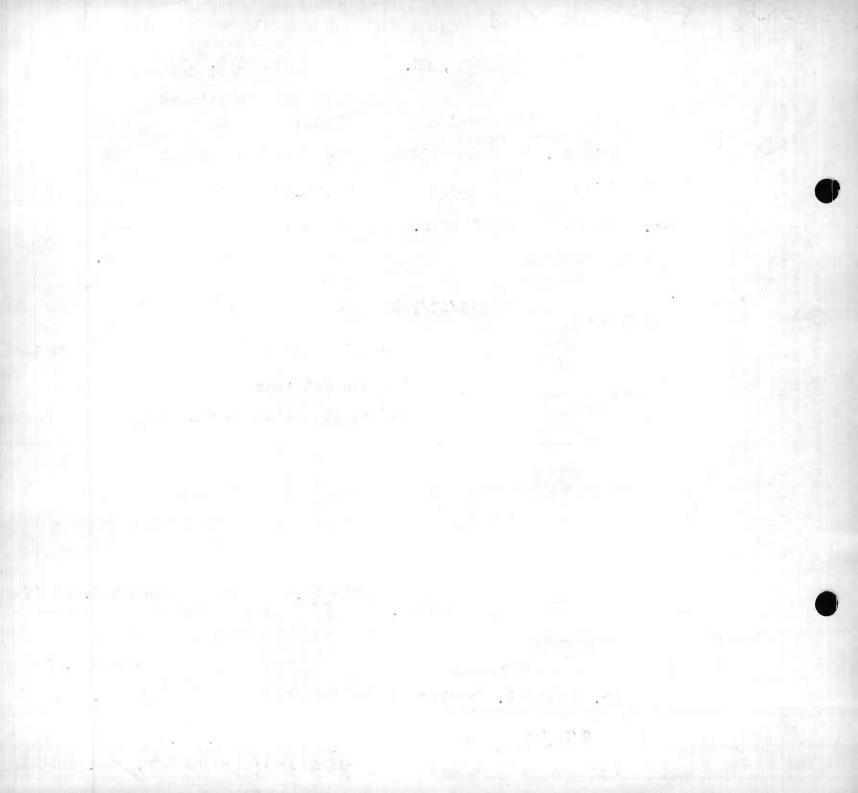
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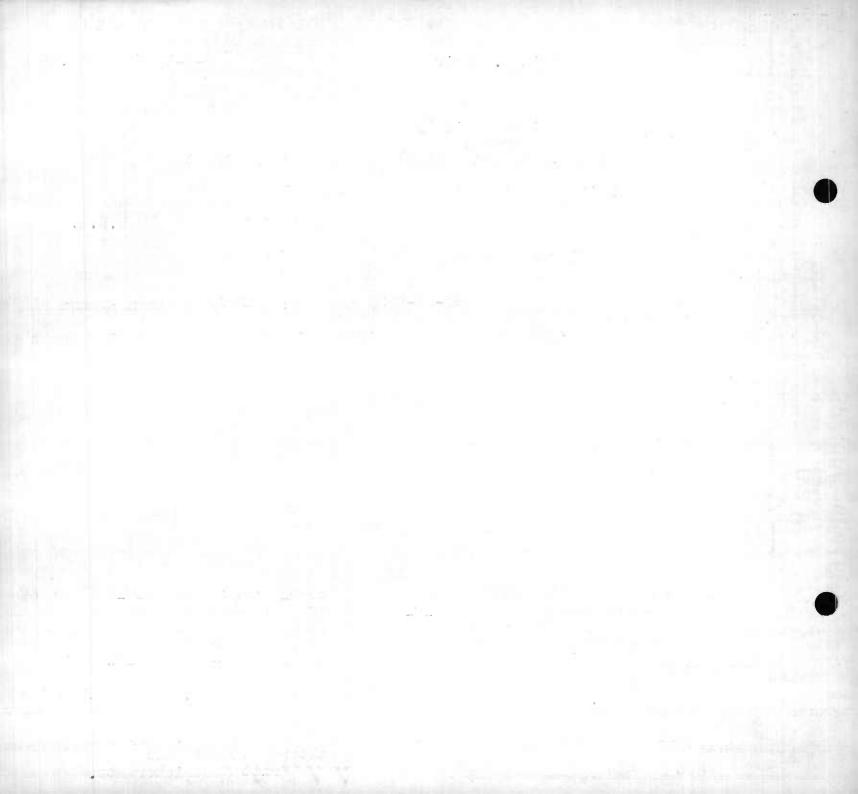
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Lary of the great surner 1 - 15 Maria africe with Alia Souther land "made Linguist Cartinorna Mex 8407 I white they bridge on a water of tract produce 1/19165 Fair Madaraged bother 21/4/2 33/1/8 A stotle me Vincenty Horald ALI-LOTFI

S: 43-04-04	M.E. CASE NO.	E OF DEATH Registered No. 65 8252	
and leath assect the	1. NAME OF DECEASED (Type or Print)  Character DeceaseD	2. DATE AND HOUR OF DEATH	
dical examiner or his assistant if death occurred in a hospital and ical examiner. Also, if the direct or contributing cause of death rns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased sician who pronounced death was in regular attendance on the was in regular attendance on the deceased prior to death. Such mains are embalmed or final disposition is made.		August 7, 1965   11:10 Am.	
	FULL NAME OF (If not in hospital or institution, give street hospital or location) INSTITUTION Baltimore City Hospitals	A. STATE  B. COUNTY  Maryland  Baltimore  C. CITY OR TOWN (II outside city limits, write RURAL and give township)  RURAX:  DUNDAKK	
	H940 Eastern Avenue Baltimore, Maryland #21224	c. street address (If rurol, give localive NUE)  203 Cleveland **EXEX* #21222	
	Male White Widoweb, Divorced (specify) Married	DATE OF BIRTH  9. AGE (In years   II Under 1 Yr.   If Under 24 Hrs.   Months   Doys   Hours   Min.    12-12-97   67	
	done during most of working life, even if retired) Gen. Foreman Steel Mfgr.	Austria  12. CITIZEN OF WHAT COUNTRY?  USA	
	13. FATHERS NAME STEVE PETERKA	THERESA (LASTT NAME UNK.)	
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates al service)  16. SOCIAL SECURITY NO.	. INFORMANT ADDRESS	
	NO 213/07/7089  IB. 260 X I CAUSE OF CAUSE OF I	RECORDS: BCH: 4940 Eastern Avenue #2	
	LEADING TO DEATH  (This does not meen the mode of dying, e.g., heort foilure, ostherio, etc. It meens the disease,	edial Infarction 48 Hours	
	ANTECEDENT CAUSES  injury or complication which coused death.)  ANTECEDENT CAUSES  (B)  Diabet	tes Mellitus Years	
	DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION lost.	iosclerotic Cardio-Vascular Disease	
Pic Nick	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
chie Body the	198. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in. o	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
cate must be approved by the vas released to the hospital An accident of any nature; (at a hospital (except where prior to death); and (6) No proval must be obtained bet	OR CONTRIBUTING CAUSE OF home, form, foctory, street, office etc.)	e bidg., INJURY OCCUR?	
	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED  While At Work Not While At Work		
	22. I certify that (I) (this hospital) attended the deceased from that (I) (we) lost sow the deceased alive on August 7, and hour and from the causes stated above. (I) (We) (did) (did not) vie	19 65 and that In(my) (our) opinion death occurred on the date	
	23A. SIGNATURE  Attended Phys.		
	NAME (Type) Dr. Howard K. Rathbun M.D.	+940 Eastern Avenue Baltimore, Md. #24	
ody (T) Sed	PIRTAT  PINTAT  PINTAT  PINTAT  PINTAT  PINTAT  PINTAT  PINTATIN	B ALTO GO MARYLAND  ADDRESS	
This c the box shows was deceded	AUS 9 1965 P. S. S. RAME OF REGISTRAN.	WALTER BEJOKE BRADLEY, INC. DUNDALK	





Such

	Hasselhoff	, Mabel		2. DATE A	st 6 1965	6.081
PLACE OF D	EATH IN BALTIMORE			4. USUAL RESIDENCE (Wh	ere deceased lived. If	institution: residence before admi
		,e= 0			NIT	1
FULL NAME	OF (If not in has address at la	spital ar institution, g	give street	Maryland		406
INSTITUTION	0001000 01 11			C. CITY OR TOWN (If a		RURAL and give fownship)
1				Baltimore		
- V					rural, give lacation)	
	St. Josepha	s Hospital		1831 E. Lon	bard St.	
SEX	6. RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 2
0 3			, DIVORCED (specify)	7-8-1893	last birthday)	Months Doys Hours
female	White	work los window	BUSINESS OR INDUSTRY		(2yrs.	TO CITIZEN OF
	of warking life, even if rel		BOSINESS OK INDOSIKI	11. BIRTHPLACE (State or for	eign country)	12, CITIZEN OF WHAT COUNTRY?
Homomol	le ann			Baltimore. Md		USA
Homemal				14. MOTHERS MAIDEN NA	ME	0 5 2
	John Tay	lor		SARAH U	nk	
. Was Decease	ed Ever in U. S. Arme	ed Farces?	1 6, SOCIAL	17. INFORMANT		ADDRESS
	wn) (If yes, give war o	doles di selvicei	SECURITY NO.			
1B.			None	Selmar C. Has	selhoir 1831	L E Lombard St.
healt failure injury or co	not meen the mod e, asthenio, etc. It m pmplicolion which co	le of dying, e.g., neons the disease, oused deoth.) USES		ary Embolism minal Carcinoma	tosis	
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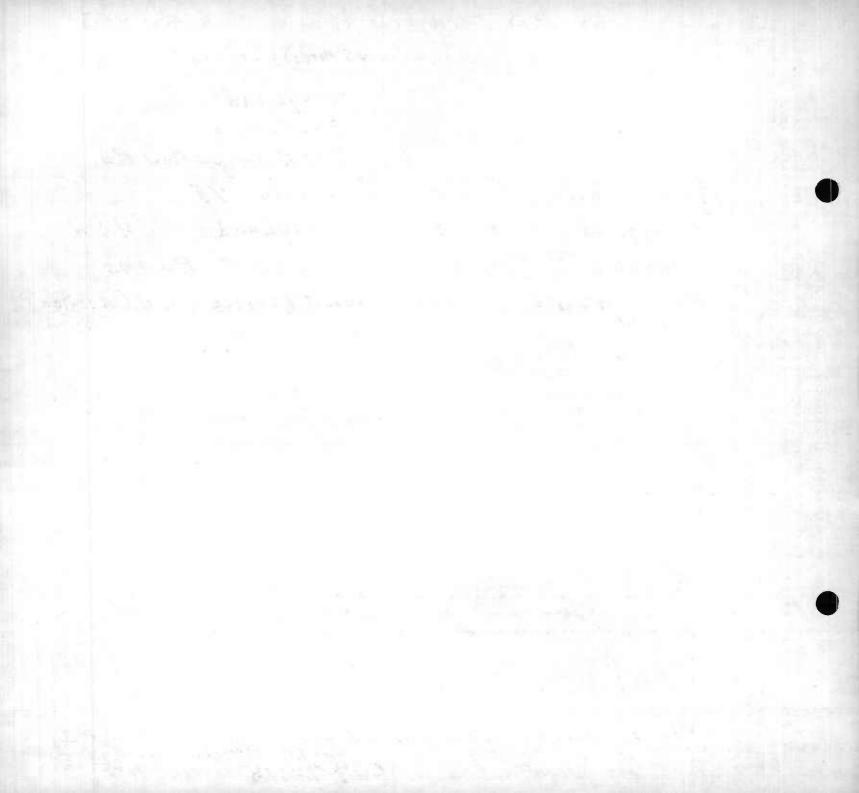
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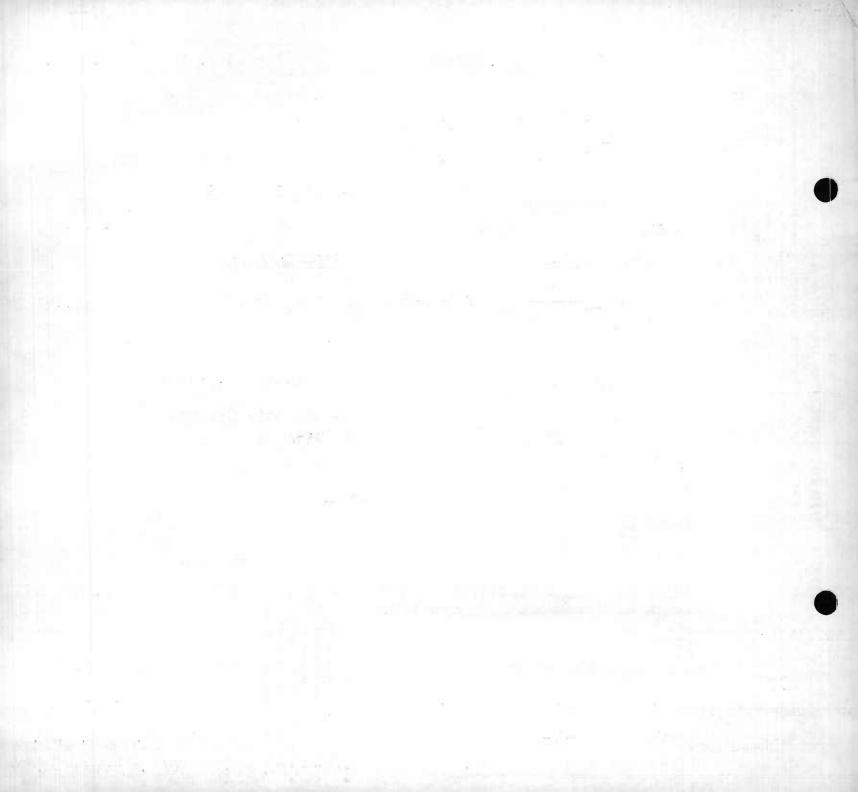
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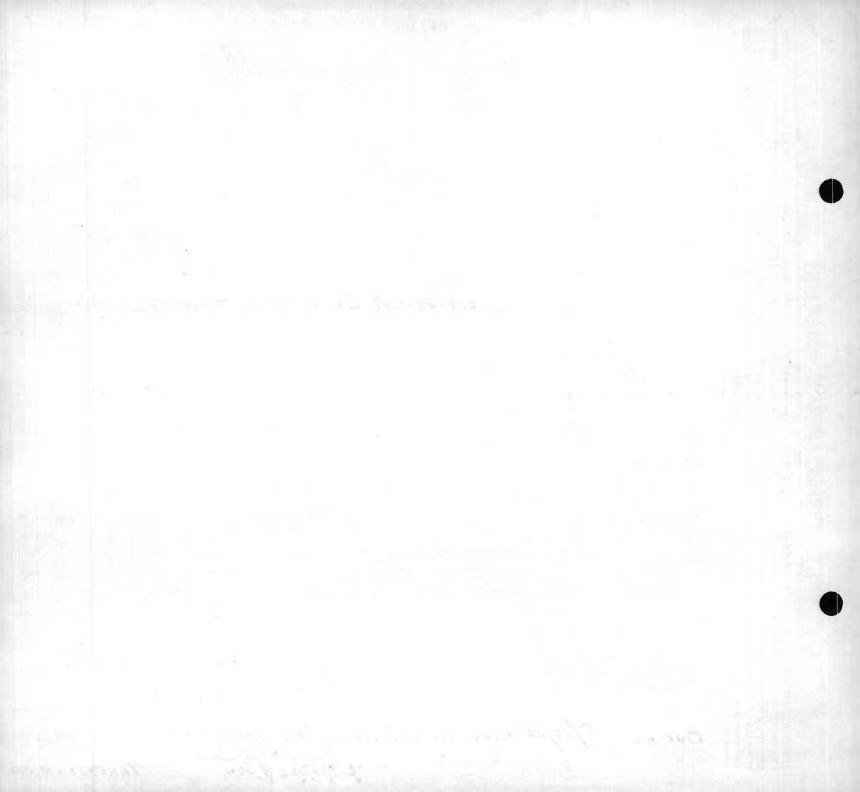


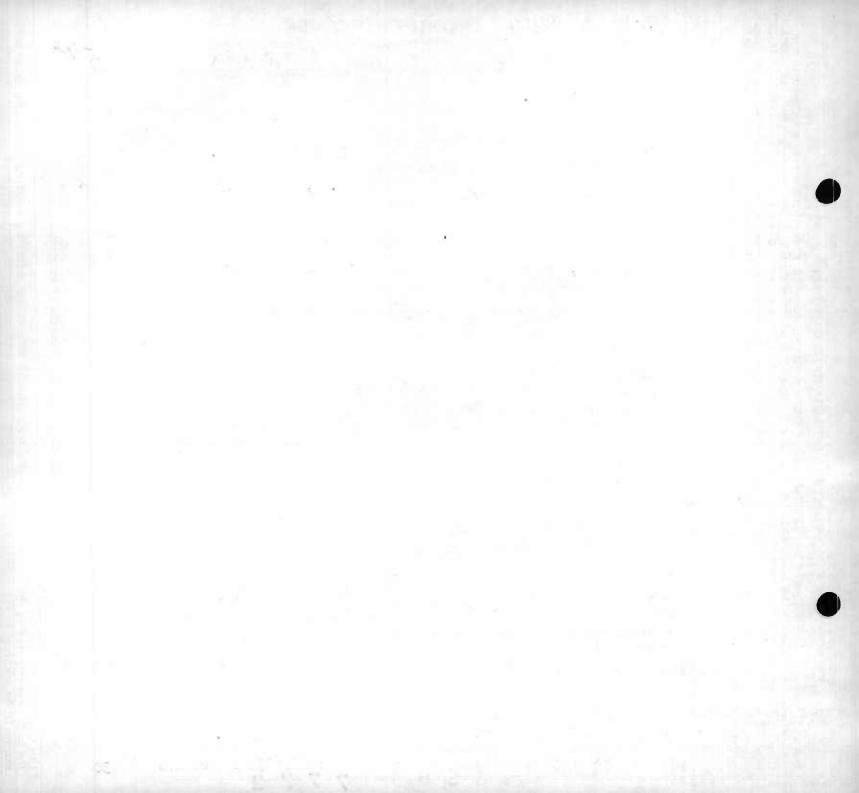
BALTIMORE CITY HEALTH DEPARTMENT BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) RESIDENCE (Where deceased lived. If institution: residence before admission)
8. COUNTY death. 3. PLACE OF DEATH IN FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) (If outside city limits, write RURAL and give township) INSTITUTION Baltimore 21212 304 Evesham Avenue (If rurol, give location) Evesham Ave. 6. RACE 9. AGE (In years 7. MARRIED, NEVER MARRIED If Under 24 Hrs. If Under 1 Yr. Months! Doys WIDOWED, DIVORCED (specify) lost birthdoy Hours married 10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTR 12. CITIZEN OF WHAT COUNTRY? disposition done during most of working lile, even if retired) Pennsylvania
14. MOTHERS MAIDEN NAME USA housewife William B. Reed Anna B. Welkel 15. Was Deceased Ever in U. S. Armed Forces? ADDRESS 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. John Burget 304 Evesham Ave., CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not mean the mode of dying, heart foilure, ostherio, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obave couse (A) stoting the UNDERLYING CONDITION IOSI. remains CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 198 CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21 A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exoct locotion) home, form, foctory, street, office bldg., INJURY OCCUR? OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At Not While ( (APPROX.) Work At Work 22. I certify that (1) (this haspital) attended the deceased from aug 5 that (1) (we) last sow the deceased alive an and that in (my) (ew) opinion death accurred on the date and hour and from the causes stated above. (1) (We) (did) (did-not) view the body after death. 238 DATE SIGNED

Attending Phys. Stoff Phy s. 23C. PHYSICIAN'S NAME (Type) 6100 YORK FREDERICK 24A. BURIAL CREMATION, 24B. DATE Oulaney Valley Mem. (ockeysvil Gardens VS 150-REV. 1/1/65

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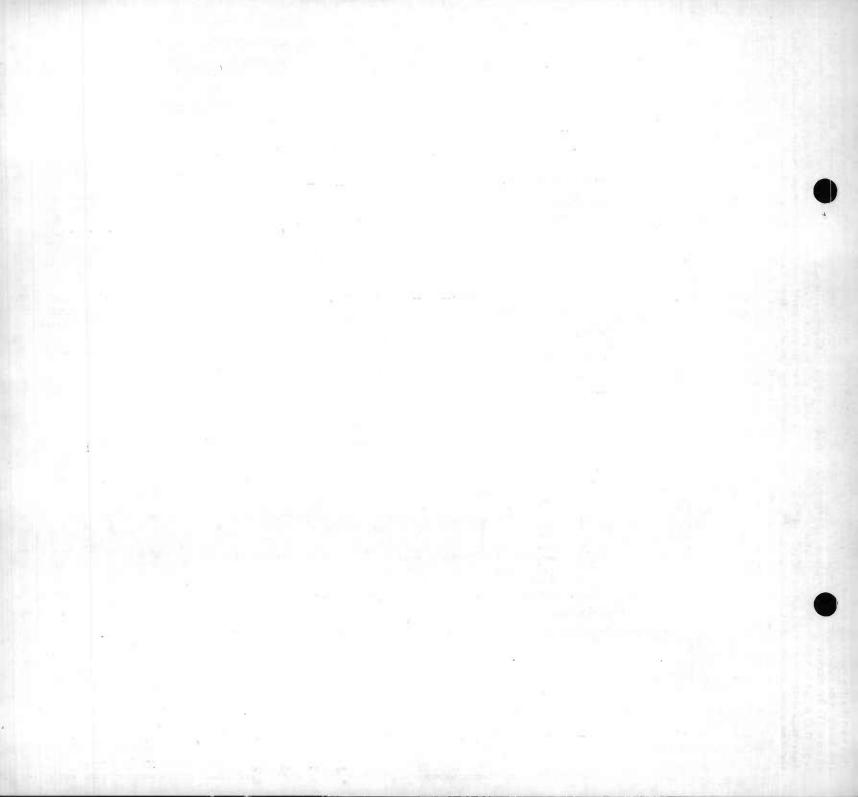
IMPORTANT

FUNERAL DIRECTOR:

12-23 A G5	8261 BALTIMORE CI	TY HEALTH DEPARTMENT	1	00004
BIRTH NO.  M.E. CASE NO.	CERTIFIC	ATE OF DEATH	Registered No.	65 8261
T.NAME OF DECEASED	1. 41	2. DATE AN	DHOUR OF DEATH	
Worman	Walts	8/8	85	11:35 AN
3. PLACE OF DEATH IN BALTIMORE, MARYLA	ND	4. USUAL RESIDENCE Whe	deceased lived. If i	nstitution; residence before admission)
FULL NAME OF (If not in hospital or in	stitution, give street	Marylana	0	(14
HOSPITAL OR oddress or locotion) INSTITUTION		C. CITY OR TOWN (If ou	tside city limits, write	RURAL and give township)
1-01	11 .11	Hanover		32-00
5 Church Home	· o Hospital	D. STREET ADDRESS	rurol, give location)	
		KT 2 13	10x 175	
	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
11 Cau	married	514-96	69	
tOA, USUAL OCCUPATION (Give kind of work 10 B. done during most of working life, even if retired)	KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
simporitie 11	streetived	At Michiga	n	USA
13. FATHER'S NAME	S Charachia.	14. MOTHER'S MAIDEN NA	ME	
(hall /1)	14	80, 1+	1 BA	-10.1
5. Was Degeosed Ever h U. S. Armed Forces? Yes, no or wiknown? (If yes, give war or dates of	1 6. SOCIAL	17. INFORMANT	in Ison	ADDRESS
		A. 17	111	1 0 9
yes wwi	215-16-193	y catherine	Watte	Hanaver Mo
0.1021	CAUSE	OF DEATH		ONSET AND DEATH
DISEASE OR CONDITION DIRECT	LY		1.	2 2
(This does not mean the made of dying	ng, e.g., DUE TO	ronehogenic	Carcino	ma YVI
heart failuse, asthenia, etc. II means the injury or complication which caused dea				
ANTECEDENT CAUSES	(8)			
DISEASES OR CONDITIONS, if any,	DUE TO			
rise la lhe abave cause (A) slat			***************************************	
UNDERLYING CONDITION last.				
Z	- NIBILITAL O			
OTHER SIGNIFICANT CONDITIONS CONT	TO THE	to-1 st	1	
DISEASE OR CONDITION CAUSING IT.	ON FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES. WERE	FINDINGS CONSIDERED
WAS PERFORA			IN CERTIFYING CA	USES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g	in or obout 21 C. WHERE DID	(If in Boltimor	e City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH Inotify medical examiner	home, form, foctory, street,	office bldg., INJURY OCCUR?		
O 21D. TIME (Month) (Doy) (Year) (H	our 21E, INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
S OF INJURY	While At Not W		, , , , , , , , , , , , , , , , , , ,	
(APPROX.)	Work At Wo	rk 🗀		
22. I certify that (I) (this hospital) at	tended the deceased from		19 25 10	8-6 19 63
that (i) (we) last sow the deceased of	ive on 8 - 6	19 65 ond th	ot in (my) (our) op	inion deoth occurred on the do
and hour and from the causes stated	above. (1) (We) (did) (did nat			
23A. SIGNATURE				23B, DATE SIGNED
Pohr prim B	M.D. A	Attending Med. Director	Stoff Phys.	8-2-65
23C. NYSICIAN'S	and the	23D. ADDRESS	7 11 y 3.	0 0. 0
NAME IType)			11-	1 - 1
EDHRAIM Q-154	M.			
24A BURNAL CREMATION DATE	RZAGA M.	CHUKCH HO	mt & HO	SPILA L - BALTO.
24A. BUMAL CREMATION, 24B. DATE REMOVAL (Specify)	RZAGA  24C. NAME OI CEMETERY OF C	CHUKCH HO	OCATION IC	ity town, or coupy) (Stote)
	RLAGA	CHUKCH HO	Darry	ity, town, or county) (State)
Burish 8-9-65 25A. DATE REC'D BY HEALTH DEPT. 25B.	RLAGA	CHUKCH HO	Darry	ity, town, or county) (Stote)
Burial 8-9-65	Madamit	CREMATORY 240. L	Darry Danaed	med

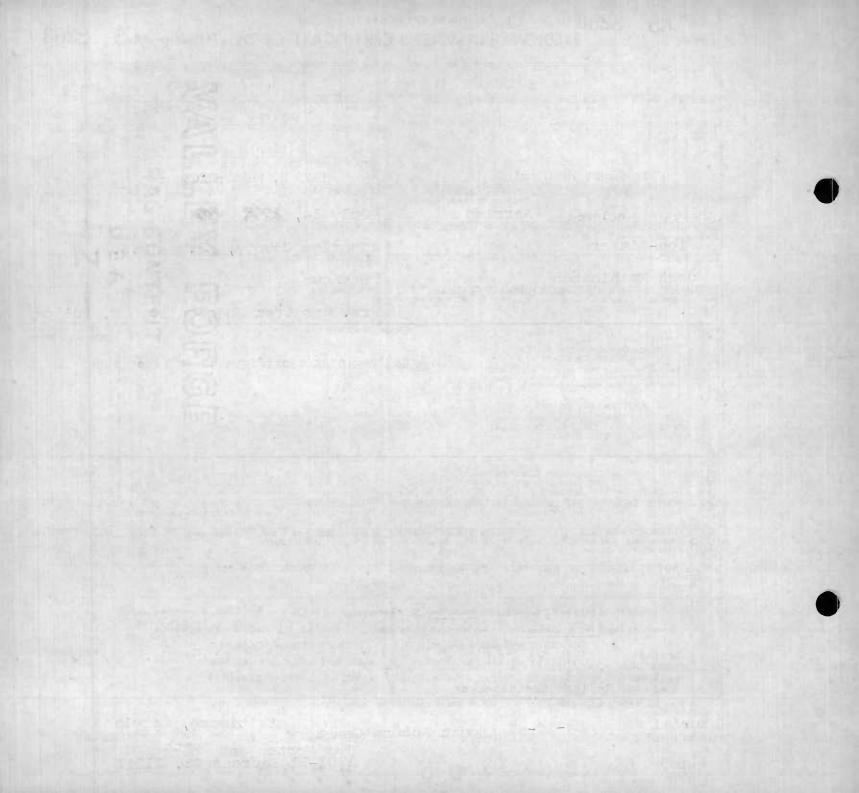
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VS 150-REV. 1/1/65



	BALTIM	ORE CITY	HEALTH	DEPARTMENT
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65	8263		LTIMORE CITY HEAL			/ ` F	0909
BIRTH NO.	MEDI	CAL EXA	AMINER'S C	ERTIFICATE C	OF DEATH Registe	ered Nd.	2202
M.E. CASE NO.							
1. NAME OF DECE		REW JOHNS	ON		A AND HOUR PRONOUNCE		
3. PLACE IN BALTIA	MORE MARYLAND, W				August 6, 1965 Where deceased lived. If ins		:50 a M.
or react in partin	nong managara, w	TIERE TROMOGIA	CLD DIAD	A. STATE Mary	R. CO	UNTY	001010
FULL NAME OF	(IF NOT IN HOSPITA	L OR INSTITUTI	ON, GIVE STREET		outside corporate limits, writ	e RURAL ond give	township)
INSTITUTION				Balti	imore	15-11	2
9				D. STREET ADDRESS (II			
Pro	vident Hospi	ital		1325 N.	Fulton Avenue	2	
5. SEX 6.	RACE	7. MARRIED, NI		B. DATE OF BIRTH	9. AGE (In years lost birthday)		If Under 24 Hrs.
male	anlamad	Marrie	/ORCED(specify) 러	July 14. 1	1903 62	Months, Days	Hours Ivan.
IOA. USUAL OCCUP				11. BIRTHPLACE (Stote or		12. CITIZEN OF	
Pipe-fi	rking life, even if refired)			Charles Co	ounty. Md.	U.S.A.	NTRY?
13. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME	10.5.A.	-
Moses Wa	shington			Unknown			
15. WAS DECEASED	EVER IN U.S. ARMED	FORCES? 16	S. SO CIAL	17. INFORMANT		ADDRESS	
NO.	f yes, give wor or dote	s of service)	SECURITY NO.	Mre Margar	et Johnson	1225 NT	Fulton
18.			CALLE	OF DEATH	ee bomison j		VAL BETWEEN
Discuss	OR CONDITION DI					ONSE.	T AND DEATH
UNDERLYING	ABOVE CAUSE (A) ST CONDITION LAST.	ATING THE	(C)				
O THE D	II FICANT CONDITIONS EATH BUT NOT REL CONDITION CAUSING	ATED TO THE	·				
0	PERATION 198. CON WAS PER!		ICH OPERATION	NO NO	No) 208. IF YES, WERE F		ERED
O UNDERLYING CAUSE	OR CONTRIB-	21B. PL. home, etc.)	ACE OF INJURY (e.g., farm, foctory, street, c	in ar obout 21C, WHERE I office bldg., INJURY OCCU	DID (If in Boltimore City, g JR?	ive exact location)	
21D TIME ( OF INJURY (APPROX.)	Month) (Doy) (Year	(Hour) 21 E. m. WH	INJURY OCCURRED  ILE AT NOT AT W	WHILE	NJURY OCCUR?		
22.	v that I hald an I				on this bosis, deoth in	my opinion	
resulte	d from Notical cou	Ses X Acc	ident Spidid		Undetermined monn	ier	
ACTUAL	1011	m. T.	746		L EXAMINER	DAT	TE SIGNED
SIGNATUI		101 4	1 M.P	ASSISTANT MEDICA		0	
EXAMINE NAME (To	R's Rudiger B	reiteneck	cer /	ASSOCIATE MEDICA	L EXAMINER	8.	-6-65
23A. BURIAL CREM			NAME OF CEMETERY	r CREMATORY 2	23D. LOCATION (City	, town, or county)	(Stote)
REMOVAL (Specify) Burial	7.200 7.0	0.65			Baltimore, M	arvland	
24A. DATE REC'D B	Aug-1	248 NAME OF	REGISTRAR Aubur	1 COMPONERAL DIRE	CTOR	ADDRES	S
6110 6	1965 A 0 B	0 7 0		The Morte	on and Dyett Laurens St.		
VS 151-REV. 1/1/65		E. Stall	<b>19</b> 0	777	6		

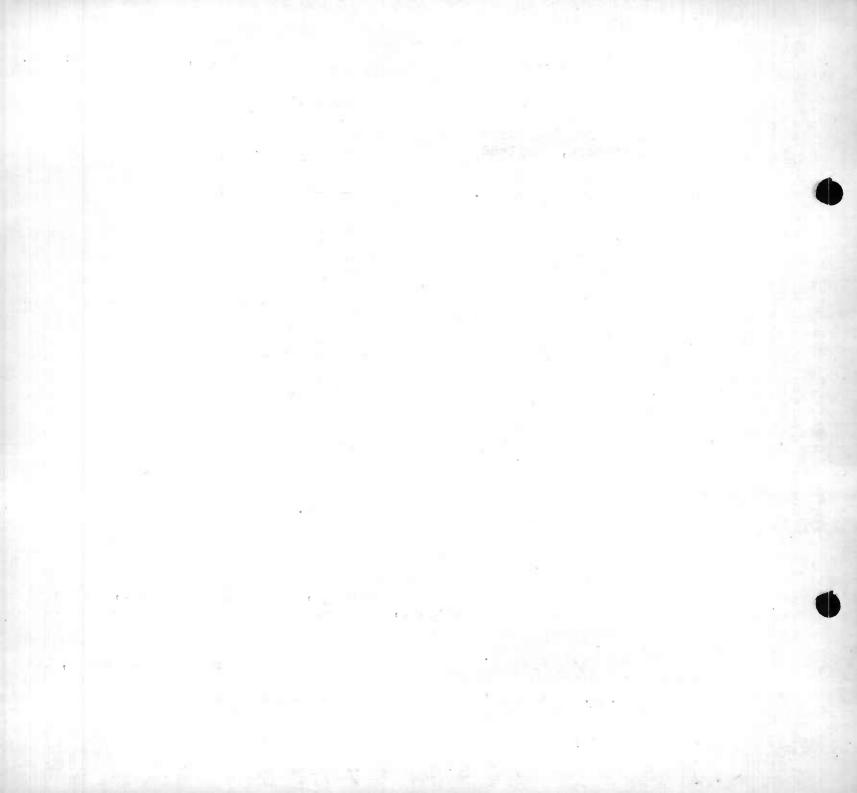


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VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) 10:50 A. August 7, 1965 William Gregory RESIDENCE (Where deceased lived. Il institution; residence before admission) 3. PLACE OF DEATH IN BALTIMORE, MAKYLAND Maryland (If not in haspital ar institution, give street FULL NAME OF HOSPITAL OR Provident Hospital C. CITY OR TOWN (If outside city limits, write RURAL and give fawnship) Baltimore 1514 Division Street D. STREET ADDRESS (If rural, give location) Baltimore, Maryland 519 Bloom Street or final disposition is mad 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 24 Hrs. If Under 1 Yr., WIDOWED, DIVORCED (specify) last birthdoyl Months: Days 4-12-12 Sep. Negro Male 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) USA Virginia 4. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give wor or dates at service) SECURITY NO. INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This dges not mean the made of dying, e.g., hearl failure, asthenia, etc. 11 means the disease, 0 injury ar camplication which caused death.) ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. remains OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES. WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? No. before 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, larm, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exoct location) DEATH (notify medical examiner) 21 D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) At Work Work 19 65 to August 22. I certify that (I) (this hospital) attended the deceased from \_\_\_\_ August 19 65 August 7, that (1) (we) lost sow the deceased alive on.... ond that in(my) (our) opinion death accurred on the date ond haur ond from the couses stoted above. (1) (We) (did) (did not) view the body ofter death. 23A. SIGN AT URE 23B. DATE SIGNED Attending Med. Stoff August 9. 1965 Phys. approval 23D. ADDRESS 23 C. PHYSICIAN'S NAME (Type) 1514 Division Street H. Moonday M.D. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) eceased REMOVAL (Specily) 25A. DATE REC'D BY HEALTH DEPT. REGISTRAR



FUNERAL DIRECTOR: IMPORTANT

	BALTIMORE CITY	HEALTH DEPARTMENT	
BIRTH NO. 65 826 M.E. CASE NO.	66 CERTIFICA	TE OF DEATH Register	()0 0000
1. NAME OF DECEASED	1	2. DATE AND HOUR OF	DEATH
Dailey, Koy	L1	August 5	1965 1115 PIN
3. PLACE OF DEATH IN BALAMONE, MARLAN	NB	4. USUAL RESIDENCE (Where deceased IN	ved. Il institution; residence before admission)
FULL NAME OF (If not in hospital or ins	titution, give street	Vivginia.	V-43
HOSPITAL OR oddress or lacation) INSTITUTION			s, write RURAL and give township)
INSTITUTION		Richmond	
/ .	1 . 1 1	D. STREET ADDRESS (If rurol, give loco	otion)
The Union Memoria	Hospital	7416 Oak Vida	est.
	ARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In yes	ors   If Under 1 Yr If Under 24 Hrs
MIL	IDOWED, DIVORCED (specify)	The last birthday!	ors If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
The Caucasian	raveied	7/12/06	7
DA. USUAL OCCUPATION (Give kind of work 10B. I one during most of working lile, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Watchmaker &	Vatchmaker	Maryland	American
B. FATHER'S NAME	2707.11.00	14. MOTHER'S MAIDEN NAME	717.007.101.
- 1 R 1		11-11-	101
Joseph Valley		STELLA ENZ	11577
6. Was Deceated Ever in U. S. Armed Farces? 'es, no or unksown) (If yes, give war ar dates of s	service) 926 ALT 318.	INFORMANT	ADDRESS
	ht known	Mrs. Mary Bailey	Same as above
18.	CALLSE	DE DEATH	INTERVAL BETWEEN
10110		-	ONSET AND DEATH
DISEASE OR CONDITION DIRECTL LEADING TO DEATH	Υ.	Barr. 18	
(This does not mean the made of dying	q, e,q., DUE TO	Corsessioner .	
heart failure, asthenia, etc. It means the d	disease,	1 1 11 0	
injury ar camplication which caused death	h.}	the pladous	
ANTECEDENT CAUSES	DUE TO		
DISEASES OR CONDITIONS, if any,	giving		
rise to the above cause (A) statis	ng Ihe (C)		**************************************
UNDERLYING CONDITION Iasi.			
Z GONZ	NEUTING		
OTHER SIGNIFICANT CONDITIONS CONTS TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.			
DISEASE OR CONDITION CAUSING IT.		Taga Aurenaya (V Na.) and to use	WEST SHIPMOS CONSIDERS
19A. DATE OF OPERATION 198. CONDITION WAS PERFORM	N FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, IN CERTIFY	, WERE FINDINGS CONSIDERED ING CAUSES OF DEATH?
58/2/65 Segmenta			
OR CONTRIBUTING CAUSE OF	hame, farm, factory, street,	hit Golfout 21 C. WHERE DID (If in Strice bldg., INJURY OCCUR?	Baltimare City, give exact location)
DEATH (natify medical examiner)	etc.)		
O 21D. TIME (Manth) (Day) (Year) (Ha	ur) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY	While At Not Whi	le 🗀	
(APPROX)	Wark At Wark		
22. I certify that 🏈 (this haspital) atta	ended the deceased from	Perly 20 1965 to	August 5, 1965
that (W) (we) last saw the deceased ali	ve an August 5	19 65 and that in (a)	our) opinion death occurred on the do
	_		
and haur and from the causes stated a	bove. (We) (did) (attacker)	view the body offer deoth.	DARK CLONES
23A. SIGNATURE			23B. DATE SIGNED
H. E- Cuplan fr	M.D. At	rending Med. Staff Phys.	August 5, 1960
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	ects
DR. A.C. TIPTON,	JR. M.D.	3-2 1.6	19 10
and the second s		BATTIMORE, Md. 21	(City, tawn, or county) (State)
24A. BURIAL CREMATION. 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY or C	EMATORY 24D LOCATION	(City, tawn, or county) (Stote)
Busine 8-865	Kenedon	~ Kener	lon Mid.
25A. DATE REC'D BY HEALTH DEPT. 25B.	NAME OF REGISTRAR	25C FUNERAL DIRECTOR	ADDRESS
ALIC O HOCE A	CSP IN TO DO S	- Charle W. Mar	nel Delma Le
AUG 9 1965 P. C. & E	A Carlon Land	Jan Sanda	
/S 150-REV. 1/1/65	The state of the s		

BIRTH NO. MEDICAL EXAMINER'S	ERTIFICATE OF DEATH Registered No.
M.E. CASE NO.	
1. NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD
DAISY M. SELBY	August 6, 1965   1:10 a
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission
	A. STATE Maryland B. COUNTY Howard
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Maryland  C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
INSTITUTION	0 1 6-3 0
A	Marriottsville KUra
St. Agnes Hospital	D. STREET ADDRESS (If rurol, give locotion)
ot. Agnes nospital	SANG HILL KOAD
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH  9. AGE (In yeors   If Under 1 Yr. If Under 24   Months, Doys, Hours, Mil
female white WIDOWED, DIVORCED(specify)	Sept. 6 1889   lost birthdoy   Months, Doys   Hours   Mil
10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTI	
done during most of working life, even if retired)	WHAT COUNTRY?
Housewife Home	MARY LANCE U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Hadrew Stansfield	L. MARR
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	Ma A Walley Sill - M. Jane
100 - 218-07-738	3 Mr. A. Wallace Selby - MARRIOTTSUILLE
IB. CAUS	SE OF DEATH INTERVAL BETWEE
DISEASE OR CONDITION DIRECTLY	ONSE! AND DEAT
LEADING TO DEATH	ple_traumatic_injuries
(This does not mean the mode of dying, e.g., heat foliure, asthenia, etc. Il means the disease, injury or complication which coused death.)	pretraumaticiij.utres
injury or complication which coused death.)	
ANTECENDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
RISE TO THE ABOVE CAUSE (A) STATING THE	
UNDERLYING CONDITION LAST.	
Ď	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING IT.	Tool All Tobers (V. All 1900 IF yes all the state of the
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES YES
FVFFBMAL CALLER WAS	
✓ 21A. EXTERNAL CAUSE WAS  O UNDERLYING XOR CONTRIB-    Contribution   Contribut	, in or about 21C. WHERE DID (If in Boltimore City, give exact location) office bldg., INJURY OCCUR?
UNDERLYING XOR CONTRIB- UTING CAUSE OF DEATH.  Street  Street	U. S. 40 and Sandhill Road 6 3
21D TIME (Month) (Doy) (Year) (Hourt 21E INJURY OCCURRED	
OF INJURY P1	WHILE X Passenger in auto-auto collision
THE WORK AT	work Passenger in auto-auto collision
22, I certify that I held an Inquiry Inspection A	utapsy 🔀 and that an this basis, death in my apinian
resulted fram: Natural causes Accident X Sulci	
ACTUAL (1) A. P.	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE JUTUM CUT M.I	ASSISTANT MEDICAL EXAMINER
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER 8-6-65

EXAMINER'S NAME (Type) 23A. BURIAL CREMATION, 23B. DATE

Rudiger Breitenecker

23C. NAME of CEMETERY or CREMATORY

23 D. LOCATION

(City, town, or county)

BURIA 8-

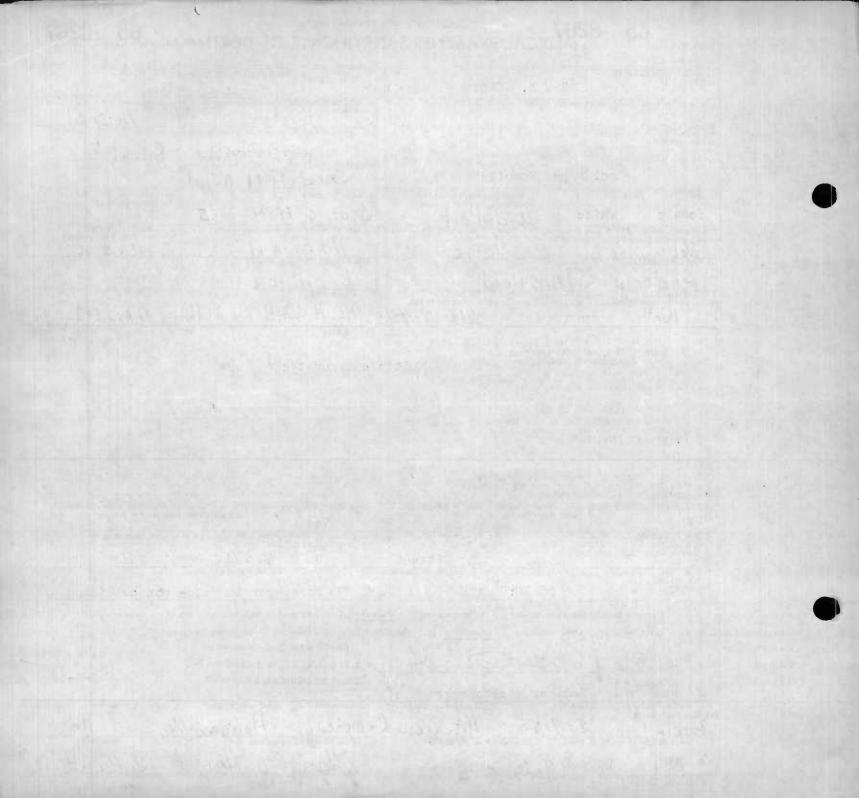
248, NAME OF REGISTRAR

24C. FUNERAL DIRECTOR

ASSOCIATE MEDICAL EXAMINER

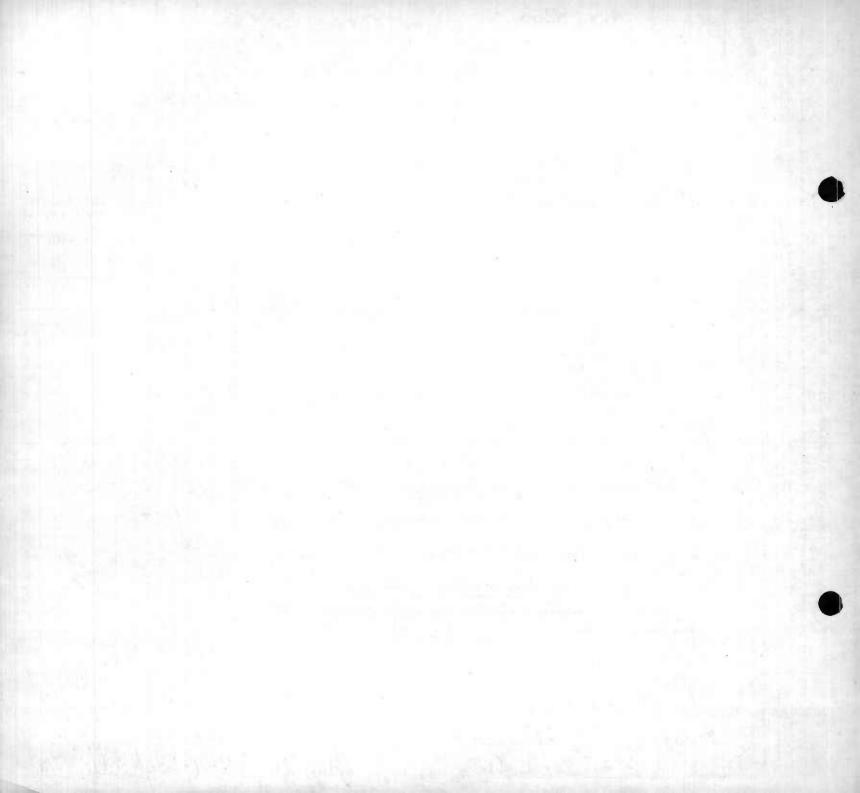
ADDRESS

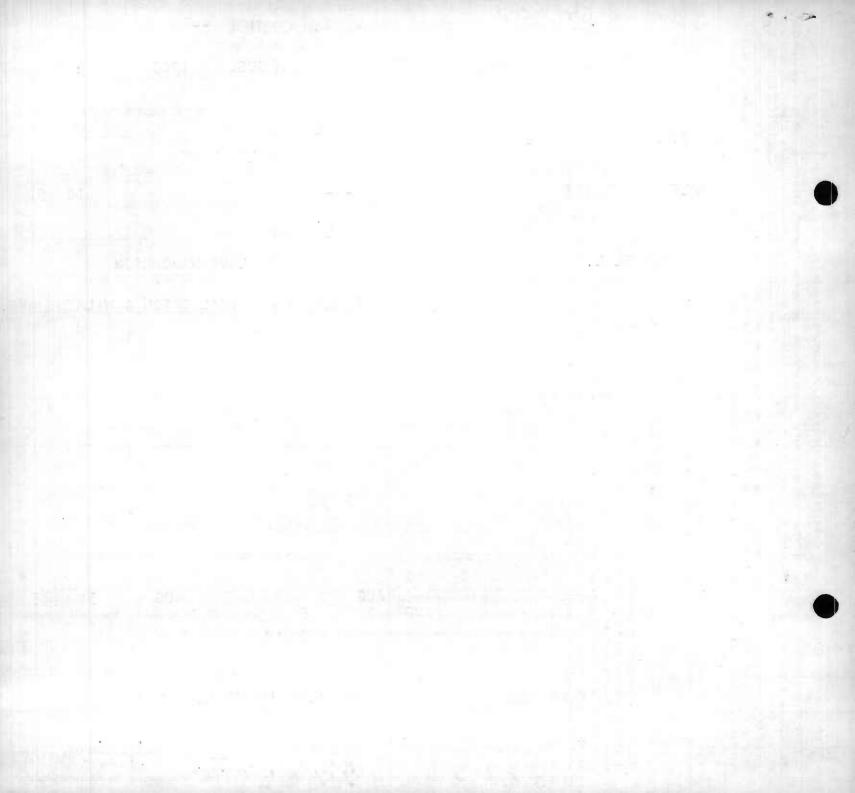
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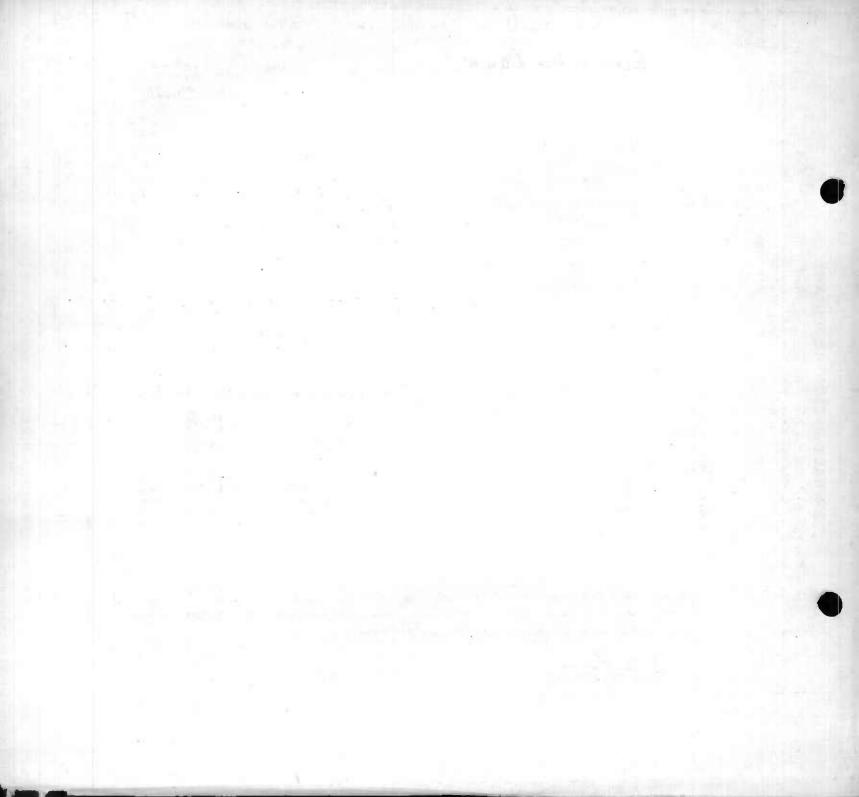
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
or his assistant if d Also, if the direct re of any kind; (4) U nounced death wa attendance on the Imed or final dispos
FUNERAL DIRECTOR: IMPORTANT he chief medical examiner or his assistant if by a medical examiner. Also, if the director by burns; (3) A fracture of any kind; (4) Body burns; (3) A fracture of any kind; (4) the physician who pronounced death physician was in regular attendance on the remains are embalmed or final dis
FUNI approved by the chico the hospital by a fany nature; (2) Boc ( except where the ); and (6) No physice obtained before the
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a the body was released to the hospital by a medical examiner. Also, if the direct or contributing coshows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendences of prior to death); and (6) No physician was in regular attendance on the deceased prior to written approval must be obtained before the remains are embalmed or final disposition is made.

05 0000	BALTIMORE CITY	HEALTH DEPARTMENT	( ) Pm
BIRTH NO. 65 8268	CERTIFICA	TE OF DEATH Registered No.	65 8268
M.E. CASE NO.  1. NAME OF DECEASED (Type or Print)	tas	2. DATE AND HOUR OF DEATH	1 30
3. PLACE OF DEATH IN BALTIMORE, MARTLANE	iles	4. USUAL RESIDENCE (Where deceased lived, If in	stitution: residence before odmission
FULL NAME OF (If not in hospital or instit HOSPITAL OR address or location)	ution, give street	C. CITY OR TOWN (If autside city limits, write	re
INSTITUTION	11/-	Control of the contro	53-00
Mary and (sell	and Hop.	D. STREET ADDRESS (If rural, give location)	DI
1 100 11 (000)		509 (VIMPLE	1561
	RRIED, NEVER MARRIED DOWED, DIVORCED (specify)	B. DATE OF BIRTH  9. AGE (In years last birthday)	II Under 1 Yr. If Under 24 Hrs Months Days Haurs Min.
OA. USUAL OCCUPATION (Give kind of work 108. KI	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF
lane during most of working life, even if retired)	Tivertal Can	West VIVEINIA	WHAT COUNTRY?
3. FATHER'S NAME	/	14. MOTHER'S MAIDEN NAME	
Josh 49 ( #	705	EMMA (SIFT	1
5. Was Deceased Ever in U. S. Armed Forces? (es,na ar unknawn)(III yes, give war ar dates af se	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
4ES INW TE		cute	
18.4.2.0.11	CAUSE O	F DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	$A_{-1}$	to Alexandelali. 6	ONSET AND DEATH
LEADING TO DEATH (This does not mean the made of dying,	e.g., DUE 10	118 10190 Can Heer Motel	CI THOUND
heart failure, asthenia, etc. It means the di- injury ar camplication which caused death.	sease,		
ANTECEDENT CAUSES	(8)	oc v.O	
DISEASES OR CONDITIONS, if any,	DUE TO		
rise to the above cause (A) stating		######################################	
UNDERLYING CONDITION last.			
OTHER SIGNIFICANT CONDITIONS CONTRIL TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	BUTING O THE		
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUTION COLUMN	21B PLACE OF INJURY (e.g., in home, larm, factory, street, a	n ar about 2 C. WHERE DID (II in Baltimare	City, give exact lacation)
DEATH (natify medical examiner)	etc.)		
21D. TIME (Manth) (Day) (Year) (Haur OF INJURY		21F. HOW DID INJURY OCCUR?	
(APPROX)	While At Wark Nat While At Wark		20 to 15
22. I certify that (I) (this hospital) atten	ded the deceased fram	1927 ta	1/119/05
that (1) (we) lost saw the deceased alive	e on	ond that in (my) (our) api	nian death occurred on the da
and hour and from the causes stated abo			
23A. SIGNATURE	1 1		23 B. DATE SIGNED
AN XAMARIAO	M.D. Atte	ending Med. Staff Staff Phys.	8-8-105
23C. PAYSICIAN'S NAME (Type)		23D. ADDRESS	011 1001
U. Suidenstru	M.D.	Ind. Gen Hospital	BATO. Md
AA. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CR	MATORY 24D. LOCATION (CI	ty, tawn, ar county) (State)
REMOVAL (Specily) 8-11-65	Frie Vien Ce	metery Frederick (	O VA.
6.11.6	AME OF REGISTRAR	25C. FUNERAL DIRECTOR V	A DIDRESS A
AUG 9 1965 Robert &	Faller MA	Horsey I.D. Hainht -	Suproville YMA
'S 150-REV. 1/1/65		0 77 8	The same of the sa





BIRTH NO. 65 8: M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) EVANS, LA		2. DATE AND HOUR OF	
3. PLACE OF DEATH IN BALTIMORE, MA	or institution, give street	4. USUAL RESIDENCE (Where deceosed live A. STATE B. COUNTY MARYLAND ALLIC. CITY OR TOWN (If outside city limits. CUMBERLAND D. STREET ADDRESS (If rural, give local BOX 646 A VALLEY)	EGANY , write RURAL ond give township)  5 /- 0 2-
10A, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  NONE  13. FATHERS NAME	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) NEVER MARRIED 108. KIND OF BUSINESS OR INDUSTR	8. DATE OF BIRTH  (6/17/65 9. AGE (In year lost birthdoy)  2 m 6 N	Months Doys Hours Min
EVAN NORMAN EVANS 15. Wos Deceosed Ever in U. S. Armed For (Yes, no or unknown) (If yes, give wor or dote no	ces? 11 6. SOCIAL	14. MOTHER'S MAIDEN NAME  ESTHER M. Evans  17. INFORMANT  Mr. Evan N. Evans,	ADDRESS
LEADING TO DEATH  (This does not meon the made at heart failure, asthenio, etc. It means injury ar camplicotian which caused ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if rise to the obave couse (A) UNDERLYING CONDITION last.	any, giving stoting the IC) OR	UNG DISEASE  THIS PREMATURITY - REN  C STENDS	
TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING I 194. DAYE OF OPERATION 198. CON WAS PERI OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	TED TO THE PNEMME  TO THE PNEMME  PNEMMED PYLORIC STEME  21B. PLACE OF INJURY Ic.g., home, form, foctory, street, etc.)	140	WERE FINDINGS CONSIDERED NG CAUSES OF DEATH?  Boltimore City, give exact location)
OF INJURY (APPROX.)  22. I certify that (I) (this hospital that (I) (we) last saw the decease and hour and fram the causes state 23A, SIGNATURE  S. D. Rauena	while At Not What Work  ) attended the deceased fram ad olive an August (1) (We) (Gid) (did nat)	AMS 19 65 to 1965 to 1965 to 1965 to 1965 and that in (my) (a	AMBUST 6 19 6 ur) apinian death accurred an the
23C. PHYSICIAN'S (INTERN) NAME (Type)  24A. BURIAL CREMATION, 24B. DATE	ENEL (HOWE STAFF) M.D	JOHNS HOPKINS HO	SPITAL

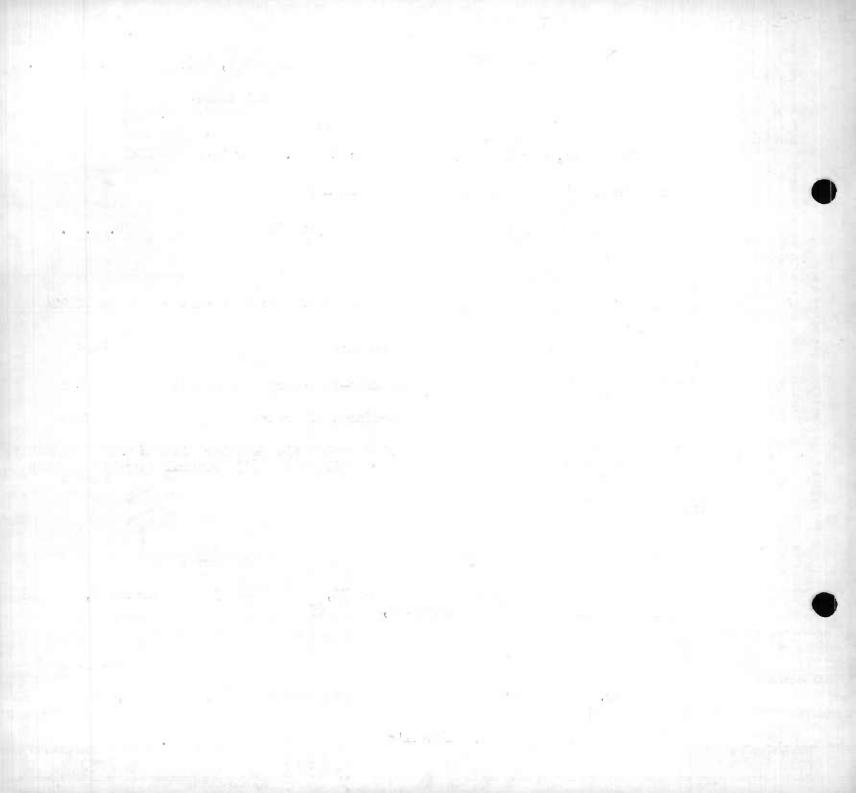


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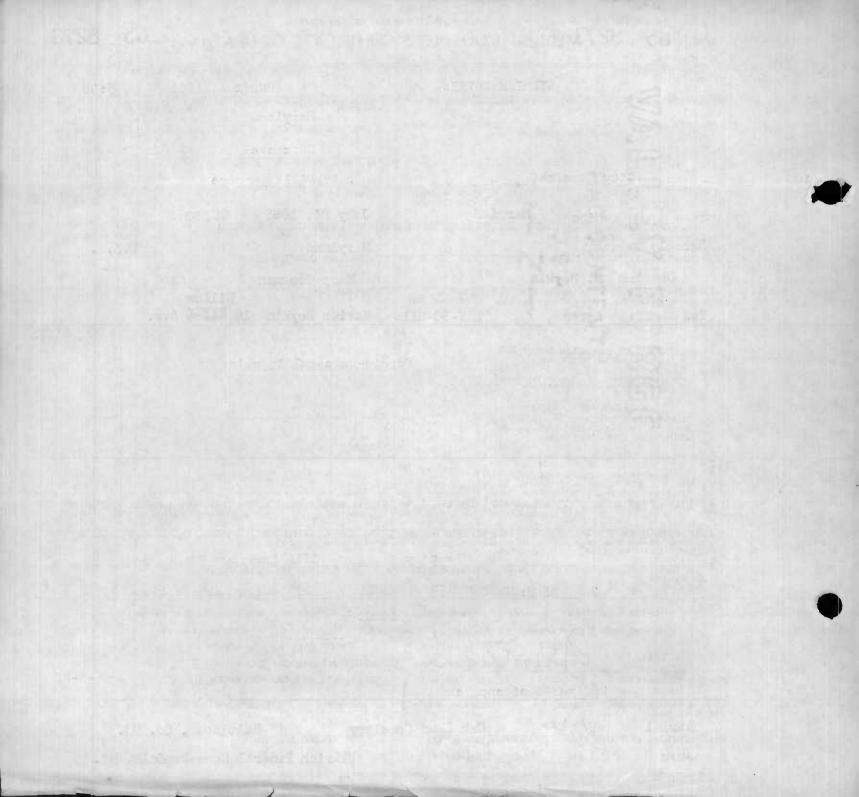
(T <sub>1</sub>	E CASE NO NAME OF I ype or Print)	DECEASED	e Romanoski	0			ND HOUR OF DEATH		
2	PLACE OF	DEATH IN BALTIMORE		-	1 HELLAL DE	Augus	st 9, 1965	6:15	A. M.
3.	PLACE OF	DEATH IN BALIMORE	MARICAND		A. USUAL RESIDENCE (Where deceased lived. II institution; tesidence before admission) A. STATE B. COUNTY				erore comissign)
	FULL NAM	NE OF (If not in hospi	ital or institution, give	street	Marylan		altimore		
	INSTITUTION		City Hospita	als	RURAL:	OWN (If o	utside city limits, write	( )	
	- 1	4940 Easter			D. STREET AD	DDRESS (I	rurol, give location)	35-07	)
1	51		Maryland #	21224	7817			21222	
s.	SEX	6. RACE	7. MARRIED, NE	VER MARRIED DIVORCED (specify)	B. DATE OF B	IRTH	9. AGE (In years last birthday)	tf Under 1 Yr. If Months: Doys Ho	Under 24 Hrs.
	emale	White	Widow	ed	2-12-8		80		
		CCUPATION (Give kind of vest of working life, even if retire		STNESS OR INDUSTRY	11. BIRTHPLAC	CE (Stole or for	eign country)	12. CITIZEN OF WHAT COUN	TRY?
	SOF	mstress	Dress	FACTORY	Pennsy	lvania		U.S.	AL
13	FATHER'S	NAME			14. MOTHER'S	MAIDEN NA	ME		
	IACI	b Khod	03		Not	HUNW	11		
15.	Was Decea	ased Ever in U. S. Armed	Forces? 16	SOCIAL	17. INFORMAN	NT	/ /	ADDRESS	
LT.	es, no or unkn	(If yes, give war or	dates of service)	SECURITY NO.	RECORDS	S. BCH.	4940 Easter	m Arrania #2	122/
-	18. 1 %	OV		CAUSE O		J. DOII.	4940 Easter	INTERVAL	
	1/	SEASE OR CONDITION	DIRECTLY						D DEATH
		LEADING TO DEA		(A) Pneu	monia			Days	
		es nat meon the made ure, asthenio, etc. It med		DUE TO	n n y a y y min n miny y miy 6 4 Tysh n n s	\$0## ##################################	*************************		
		complication which caus		Bron	cho-Pulr	שיינפתחו	Metastasis	Mont	he
		ANTECEDENT CAU	SES	(B)					
		S OR CONDITIONS,		Carc	inoma of	f Breast		3 Ye	ars
		the above cause (. YING CONDITION last,	A) stoting the	(C)					
		II .		Arte	rioscle	rotic Va	scular Dise		ongestive
	1						200 00000 - TO C	ase with C	OTTE CO OT AC
C	OTHER SI	IGNIFICANT CONDITIONS		Hear			(R) Cerebral		
ATION	TO THE DISEASE	GNIFICANT CONDITIONS DEATH BUT NOT R OR CONDITION CAUSIN	ELATED TO THE		t Failu	re and	(R) Cerebral	. Vascular D Mont	isease hs
FIELC ATION	TO THE DISEASE	GNIFICANT CONDITIONS DEATH BUT NOT R OR CONDITION CAUSIN OF OPERATION 198.	ELATED TO THE		t Failu	re and		. Vascular D Mont	isease hs
PRTIEIC	TO THE DISEASE 19A. DATE	GNIFICANT CONDITIONS DEATH BUT NOT R OR CONDITION CAUSE OF OPERATION 198. C	CONDITION FOR WHI	CH OPERATION	t Failu	re and	(R) Cerebral	Vascular D Mont FINDINGS CONSIDER AUSES OF DEATH?	isease hs
CERTIFIC	TO THE DISEASE 19A. DATE	GNIFICANT CONDITIONS DEATH BUT NOT R OR CONDITION CAUSIN OF OPERATION 198. C WAS 1 DENT WAS UNDERLYING RIBUTING CAUSE OF	CONDITION FOR WHI PERFORMED  218. PL hame,		t Failu	re and	(R) Cerebral	. Vascular D Mont	isease hs
CAL CERTIFIC	TO THE DISEASE 19A. DATE 21A. ACC OR CONT DEATH (n	GNIFICANT CONDITIONS: DEATH BUT NOT R OR CONDITION CAUSIN OF OPERATION 198. C WAS I	GILATED TO THE GIT.  GIT.  CONDITION FOR WHI  PERFORMED  21 B. PL.  hame, etc.)	CH OPERATION  ACE OF INJURY(e.g., in larm, loctory, street, al	20A. AUTO NO n or obout 21C. fice bldg., INJU	PSY? (Yes or N	(R) Cerebral  208. IF YES, WERE IN CERTIFYING C.	Vascular D Mont FINDINGS CONSIDER AUSES OF DEATH?	isease hs
CAL CERTIFIC	TO THE DISEASE 19A. DATE 21A. ACC OR CONT DEATH (n	GNIFICANT CONDITIONS DEATH BUT NOT R OR CONDITION CAUSIN OF OPERATION 198. C WAS 1  CIDENT WAS UNDERLYING RIBUTING CAUSE OF obtify medical examiner)  (Month) (Day) (Ye	G   CONDITION FOR WHI PERFORMED   218. PL/hame, etc.)	CH OPERATION  ACE OF INJURY (e.g., in larm, loctory, street, al	20A. AUTO NO n at about 21C. fice bldg., INJU	PSY? (Yes or N	(R) Cerebral	Vascular D Mont FINDINGS CONSIDER AUSES OF DEATH?	isease hs
CERTIFIC	TO THE DISEASE 19A. DATE 21A. ACC OR CONT DEATH (n	GNIFICANT CONDITIONS DEATH BUT NOT R OR CONDITION CAUSIN OF OPERATION 198. C WAS 1  CIDENT WAS UNDERLYING RIBUTING CAUSE OF obtify medical examiner)  (Month) (Day) (Ye	GILATED TO THE GIT.  GIT.  CONDITION FOR WHI  PERFORMED  21 B. PL.  hame, etc.)	CH OPERATION  ACE OF INJURY (e.g., ir larm, loctory, street, all lorm, loctory)  JURY OCCURRED  At Mark	20A. AUTO NO and a boot 21C. fice bldg., INJU	PSY? (Yes or N	(R) Cerebral  208. IF YES, WERE IN CERTIFYING C.  (II in Boltimo	Vascular D Mont FINDINGS CONSIDER AUSES OF DEATH? THE City, give exact loc	disease hs RED
CAL CERTIFIC	TO THE DISEASE 19A. DATE OR CONT DEATH (n OF INJUR (APPROX.)	GNIFICANT CONDITIONS DEATH BUT NOT R OR CONDITION CAUSIN OF OPERATION 198. C WAS 1  CIDENT WAS UNDERLYING RIBUTING CAUSE OF obtify medical examiner)  (Month) (Day) (Ye	IELATED TO THE G IT. CONDITION FOR WHI PERFORMED  218. PL/ hame, etc.)  an) (Haur) 21E. IN While Wark	CH OPERATION  ACE OF INJURY (e.g., ir larm, loctory, street, al larm, loctory, street, loctory, street, al larm, loctory, street, loctory	20A. AUTO NO n an about 21C. fice bldg., INJU	WHERE DID IN OCCUR?	(R) Cerebral  208. IF YES, WERE IN CERTIFYING C.	Vascular D Mont FINDINGS CONSIDER AUSES OF DEATH?	isease hs
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CAL CERTIFIC	TO THE DISEASE 19A. DATE OR CONT DEATH (n CAPPROX.)  21 A. ACC OR CONT (DEATH (n CAPPROX.)  22. 1 cert that (1) (1)	GNIFICANT CONDITIONS: DEATH BUT NOT R OR CONDITION CAUSIN OF OPERATION 198. C WAS I DENT WAS UNDERLYING RIBUTING CAUSE OF Lotify medical examiner)  (Month) (Day) (Ye Y	ELATED TO THE GIT. ONDITION FOR WHI PERFORMED  218. PL/ hame, etc.) ear) (Haur) 21E. IN While Work ital) attended the a	CH OPERATION  ACE OF INJURY (e.g., in larm, loctory, street, all JURY OCCURRED  At Not Whill At Work deceased from Managest 9.	20A. AUTO NO n al about 21C. fice bldg., INJU	WHERE DID RY OCCUR?	(R) Cerebral    208, IF YES, WERE IN CERTIFYING C.  (II in Baltima  JURY OCCUR?  19 65 to  hot in (my) (our) op	Vascular D Mont FINDINGS CONSIDER AUSES OF DEATH?  Re City, give exact loc  August 9,	lisease hs RED
CAL CERTIFIC	TO THE DISEASE 19A. DATE OR CONT DEATH (n 21D. TIME OF INJUR (APPROX.) 22. 1 cert that (1) (and hour	GNIFICANT CONDITIONS: DEATH BUT NOT R OR CONDITION CAUSIN OF OPERATION 198. C WAS I DENT WAS UNDERLYING RIBUTING CAUSE OF Lotify medical examiner)  (Month) (Day) (Ye Y	ELATED TO THE GIT. ONDITION FOR WHI PERFORMED  218. PL/ hame, etc.) ear) (Haur) 21E. IN While Work ital) attended the a	CH OPERATION  ACE OF INJURY (e.g., ir larm, loctory, street, all JURY OCCURRED  At Not Whith At Work deceased from Managest 9.	20A. AUTO NO n at about 21C. fice bldg., INJU 21F. 21F. 21F. 21F.	WHERE DID RY OCCUR?	(R) Cerebral  208. IF YES, WERE IN CERTIFYING C.  (II in Baltima  JURY OCCUR?  19 65 to hot in(my) (our) op	Vascular D Mont FINDINGS CONSIDER AUSES OF DEATH?  THE City, give exact loc  August 9,  Inion deoth occurre	isease hs RED
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CAL CERTIFIC	TO THE DISEASE 19A. DATE OR CONT DEATH (n 21D. TIME OF INJUR (APPROX.) 22. 1 cert that (1) (and hour	GNIFICANT CONDITIONS: DEATH BUT NOT R OR CONDITION CAUSIN OF OPERATION 198. CWAS DEATH BUT NOT R OF OPERATION 198. CWAS DEATH BUT NOT R OF OPERATION 198. CWAS DEATH WAS UNDERLYING RIBUTING CAUSE OF CONTROL OR CONTROL OF OPERATION 198. CWAS DEATH OF	ELATED TO THE GIT. ONDITION FOR WHI PERFORMED  218. PL/ hame, etc.) ear) (Haur) 21E. IN While Work ital) attended the a	CH OPERATION  ACE OF INJURY (e.g., in larm, loctory, street, all JURY OCCURRED  At Mark  At Wark  deceased fram August 9,  We) (did) (did not) v	20A. AUTO NO n at about 21C. fice bldg., INJU 21F. 21F. 21F. 21F. 21F. 21F. 21F. 21F.	WHERE DID IN DID IN after death.	(R) Cerebral  208. IF YES, WERE IN CERTIFYING C.  (II in Baltima  JURY OCCUR?  19 65 to hot in(my) (our) op	August 9,  inlon deoth occurred  August 9,  August 9,  August 9,	isease hs RED 19 65, ed on the dote
CIBITAGO	TO THE DISEASE 19A. DATE 21A. ACC OR CONT DEATH (n OF INJUR (APPROX.) 22. 1 cert that (1) (1) and hour 23A. SIGN	GNIFICANT CONDITIONS: DEATH BUT NOT R OR CONDITION CAUSIN OF OPERATION 198. C WAS 1  GIDENT WAS UNDERLYING (RIBUTING CAUSE OF totify medical examiner)  (Month) (Day) (Ye  Tify that (1) (this hospi we) lost sow the dece- and from the couses a  ATURE  CREMATION, 248. DATE  CREMATION, 248. DATE	ELATED TO THE GIT. CONDITION FOR WHI PERFORMED  218, PL/ hame, etc.)  (Haur) 21E IN While Wark  itol) attended the cosed olive on stoted obove. (1) (V	CH OPERATION  ACE OF INJURY (e.g., in larm, loctory, street, all JURY OCCURRED  At Not Whill At Work deceased from Manust 9.  We) (did) (did not) v  M.D. Atte	20A. AUTO NO non all about 21C. fice bidg., INJU 21F. 21F. 21F. 21F. 21F. 21F. 21F. 21F.	WHERE DID IN OCCUR?  HOW DID IN after death.  Med. Director	(R) Cerebral  O 208. IF YES, WERE IN CERTIFYING C.  (II in Baltima  JURY OCCUR?  19 65 to hot in (my) (our) op  Stoll Phys. X  Avenue Balt	August 9,  inlon deoth occurred  August 9,  August 9,  August 9,	isease hs RED 19 65, ed on the dote
CIBITAGO	TO THE DISEASE 19A. DATE OR CONT DEATH (n CAPPROX.)  21 Cert that (1) (and hour 23A. SIGN NAM	GNIFICANT CONDITIONS: DEATH BUT NOT R DEATH BUT NOT R OR CONDITION CAUSIN OF OPERATION 198. C WAS I  GIDENT WAS UNDERLYING RIBUTING CAUSE OF Lotify medical examiner)  (Month) (Day) (Ye  Tify that (1) (this hospi we) lost sow the dece- and from the couses a  ATURE  CREMATION, 248. DATE AL (Specify)  (A OATE  CREMATION, 248. DATE AL (Specify)	ELATED TO THE GIT.  GIT.  CONDITION FOR WHI PERFORMED  218. PL. hame, etc.)  210. PL. hame, etc.)  211. PL. hame, etc.)  211. PL. hame, etc.)  212. IN While work  213. PL. hame, etc.)  214. NAMI	CH OPERATION  ACE OF INJURY (e.g., in larm, loctory, street, of larm, loctory, lo	20A. AUTO NO n at about 21C. fice bldg., INJU 21F. 21F. 21F. 21F. 22D. ADDRESS 4940 I	WHERE DID IN OCCUR?  HOW DID IN ond t after death.  Med. Director   Eastern	(R) Cerebral  (II in Boltimo  (II in Bolti	August 9, inion deoth occurre  August 9, inion deoth occurre  August 9, inion deoth occurre  August 9, imore, Mary  City, town, or countyl	isease hs  RED  19 65, ed on the dote  1965  land #24
CIGILE STORY	TO THE DISEASE 19A. DATE 21A. ACC OR CONT DEATH (n CAPPROX.) 22. 1 cert that (1) (1) and hour 23A. SIGN	GNIFICANT CONDITIONS: DEATH BUT NOT R DEATH BUT NOT R OR CONDITION CAUSIN OF OPERATION 198. C WAS I  GIDENT WAS UNDERLYING RIBUTING CAUSE OF Lotify medical examiner)  (Month) (Day) (Ye  Tify that (1) (this hospi we) lost sow the dece- and from the couses a  ATURE  CREMATION, 248. DATE AL (Specify)  (A OATE  CREMATION, 248. DATE AL (Specify)	ELATED TO THE GIT.  GIT.  CONDITION FOR WHI PERFORMED  218. PL. hame, etc.)  210. PL. hame, etc.)  211. PL. hame, etc.)  211. PL. hame, etc.)  212. IN While work  213. PL. hame, etc.)  214. NAMI	CH OPERATION  ACE OF INJURY (e.g., in larm, loctory, street, at larm, loctory, street, str	20A. AUTO NO nar about 21C. fice bidg., INJU 21F. 21F. 21F. 21F. 22F. 22F. 23D. ADDRESS 4940 I	WHERE DID IN OCCUR?  HOW DID IN ond t after death.  Med. Director   Eastern	(R) Cerebral  (II in Baltima  (II in Balti	August 9, inion deoth occurre  August 9, inion deoth occurre  August 9, inion deoth occurre  August 9, imore, Mary  City, town, or countyl	lisease hs RED 19 65, ed on the dote 1965 land #24
CIGILE STORY	TO THE DISEASE 19A. DATE 21A. ACC OR CONT DEATH (n CAPPROX.) 22. 1 cert that (1) (1) and hour 23A. SIGN	GNIFICANT CONDITIONS: DEATH BUT NOT R OR CONDITION CAUSIN OF OPERATION 198. C WAS I GIDENT WAS UNDERLYING (RIBUTING CAUSE OF totify medical examiner)  (Month) (Day) (Ye  Trify that (1) (this hospi we) lost sow the dece- and from the couses a  ATURE  CREMATION, 248. DATE AL (Specify) al	Curtiss    Curtiss   24C. NAM	CH OPERATION  ACE OF INJURY (e.g., in larm, loctory, street, all JURY OCCURRED  At Work At Work deceased fram May Me) (did) (did not) v  M.D. Atte Phy  M.D. E of CEMETERY of CRE  Michael:	20A. AUTO NO nar about 21C. fice bidg., INJU 21F. 21F. 21F. 21F. 22F. 22F. 23D. ADDRESS 4940 I	WHERE DID IN OCCUR?  HOW DID IN Office of the After death.  Med. Director   Eastern    24D.   S	(R) Cerebral  (II in Baltima  (II in Balti	Vascular D Mont FINDINGS CONSIDER AUSES OF DEATH?  THE City, give exact local  August 9,  inlon deoth occurre  238, DATE SIGNED August 9,  imore, Mary  City, town, or county)	lisease hs  RED  19 65  ed on the dote  1965  land #24  (State)
CIBILERO INCLUSIVE	TO THE DISEASE 19A. DATE OF INJUR (APPROX.)  21.1. Cert that (1) (and hour 23A. SIGN  23C. PHYSI NAM  A. BURIAL REMOVA BUTIAL A. DATE RE	GNIFICANT CONDITIONS: DEATH BUT NOT R OR CONDITION CAUSIN OF OPERATION 198. CWAS GIDENT WAS UNDERLYING RIBUTING CAUSE OF Notify medical examiner)  (Month) (Day) (Ye  (Month) (Day) (Ye  TIFY THE CONDITION CAUSE  ATURE  CREMATION, 248. DATE AL (Specify)  21 8/12/  CCT BY HEALTH DEPT.  9 1965 C.	Curtiss    24C. NAMI   258. NAME OF   258. NAME OF   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   1	CH OPERATION  ACE OF INJURY (e.g., in larm, loctory, street, all JURY OCCURRED  At Work At Work deceased fram May Me) (did) (did not) v  M.D. Atte Phy  M.D. E of CEMETERY of CRE  Michael:	20A. AUTO NO nar about 21C. fice bidg., INJU 21F. 21F. 21F. 21F. 22F. 22F. 23D. ADDRESS 4940 I	WHERE DID IN OCCUR?  HOW DID IN Office of the After death.  Med. Director   Eastern    24D.   S	(R) Cerebral  (II in Baltima  (II in Balti	Vascular D Mont FINDINGS CONSIDER AUSES OF DEATH?  THE City, give exact local  August 9,  inlon deoth occurre  238, DATE SIGNED August 9,  imore, Mary  City, town, or county)	lisease hs RED  19 65  ed on the dote  1965  land #24  (State)



3-256

## BIRTH NO. 65 827 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 8273

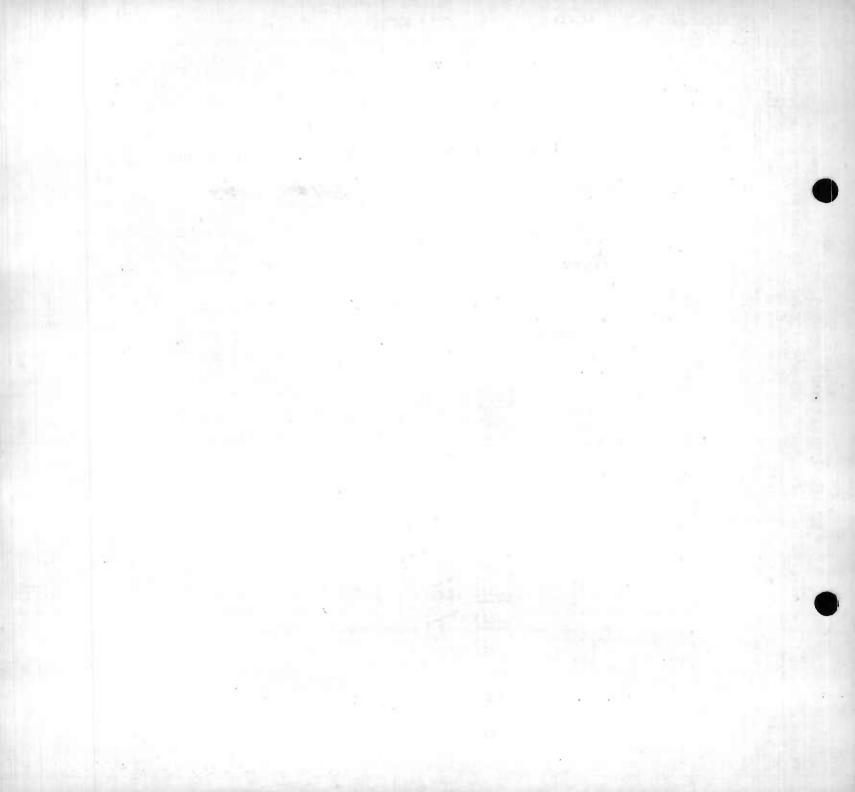
M.1	CASE NO.								
1. I	NAME OF DEC				2. DATE AND HOUR PRONOUNCED DEAD				
			ILLIAM 1		August 5, 1965 5:20 p M.				
3. P	LACE IN BALT	TIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution, residence before admission A. STATE  B. COUNTY				
FUI	L NAME OF	(IF NOT IN HOSPITA	AL OR INSTIT	UTION, GIVE STREET	M	laryland	l	/Ja	
HO	SPITAL OR	ADDRESS OR LOCA	TION	onon, or a street	C. CITY OR TOV	WN (If autsid	le corparate limits, write	RURAL an	d give tawnship)
NV3110 1101V				E	dgemere	2	53	_ ==0	
					D. STREET ADDRESS (If rural, give locotion)				
	) '	City Hospita	a1		18 W	illow A	venue		
5. S	EX	6. RACE		NEVER MARRIED	B. DATE OF BIRTH	Н	9. AGE (In years		1 Yr. If Under 24 Hrs.
	1	1	Marri	DIVORCED(specify)	July 24,	1025	lost birthdoy)	Manins	Days   Hours   Min.
	nale	White		F BUSINESS OR INDUSTR'	YII. BIRTHPLACE	(State or foreign	2.30. b	12. CITIZEI	N OF
dan	during most of	working life, even if retired)					,,·	WHAT	COUNTRY?
	ATHER'S NAM	4.5			Maryland			U.S	.A.
13.									
		les N. Boyk				ossman			
		ED EVER IN U.S. ARMED		16. SOCIAL SECURITY NO.	17. INFORMANT		Willow	ADDRESS	
	Čes	Korea		217-30-5119	Marton B	Rowkin	18 WXXX AV	Φ.	
-	18.	110100			OF DEATH	og man	20 (1220) 214		INTERVAL BETWEEN
	47	8 5 X			. or blann				ONSET AND DEATH
2	DISEA	SE OR CONDITION DI LEADING TO DEATH		O		. 1		7 5 0 0	
	(This does	not meon the mode of	dying, e.g.,	(A) Grai	nio-cerebr	ai inju	ries		
	heart failure	, asthenia, etc. It means mplication which caused	the discose, death.)						
								10.00	
		ANTECENDENT CAUSE		(B)					**************************************
		OR CONDITIONS, IF A		DUE TO					
_	UNDERLYII	NG CONDITION LAST.		(C)				1	
ó					************				
A	OTHER SIG	li INIFICANT CONDITIONS	CONTRIBILITI	NG					
2	TO THE	DEATH BUT NOT RE	LATED TO						
CERTIFICATION		R CONDITION CAUSING		WALCH OREDATION	LOOA AUTOREY	9 (V NI - )	DOD IF VEC WERE FIN	ADINGS 66	ALCID CRED
S	19A, DATE OF	WAS PER		WHICH OPERATION			IN CERTIFYING CAUS		
	OLA EVTERNIA	L CAUSE WAS	03.0	NI ACE OF INITIAL		es			
	UNDERLYING	SOR CONTRIB-	hame	PLACE OF INJURY (e.g., e, farm, foctory, street,	office bldg., INJURY	OCCUR?	(If in Boltimare City, gi	ve exact loc	colian)
	UTING LCAU	JSE OF DEATH.	etc.)	Factory	2	116 Spa	rrows Point	Road	
Σ	21D TIME	(Manth) (Day) (Yea	(Hour) a	TE INJURY OCCURRED	21 F. H.C	ITHI DID WO	URY OCCUR?	11044	
	(APPROX.)	8 2 65	0 00	WHILE AT THE NOT	WHILE FE	oll dur	ing altercat	tion	
	22.	8 2 65	0: UUm.	WORK LT AT W	VORK L	ell dal	ing aftercar	.1011	
		tify that I held on I	nquiry	Inspection Au	topsy x one	d that on th	is bosis, deoth In n	ny opinion	
	resu	Ited from: Natocol co	uses	Accident Sulcid	le Homici	de x	Undetermined monne	er 🗌	
		111	7	7/	CHIEF M	EDICAL EX	KAMINER		
	ACTUA	L //X	10111	10/10/	ASSISTANT M				DATE SIGNED
	SIGNAT		Uno	M.D					0 6 65
	EXAMIN		Braiton	oolson	ASSOCIATE M	EDICAL E	XAMINER		8-6-65
234	NAME (			C. NAME of CEMETERY	OF CREAT ATORY	[23 D. 1	OCATION (City,	town, at co	ounty) (State)
	AOVAL (Specif	(y)	23	Contract of Contracts	S. SKEIVIAIOKI	230.	. Canon tony,	.5 17 17 01 00	1010101
	Burial			Oak Lawn Ceme		B	Baltimoer, Co	o. Md.	
24/		BY HEALTH DEPT.		OF REGISTRAR	24C. FUNER	AL DIRECTOR		Al	DDRESS
	AUG 9	1965 R.C.	かと、く	Carber Mill	Ullric	h Funer	al Home Dune	dalk,	Md.
_				-		-0-1			
VS	151-REV. 1/1/	165	6 3	8 5 0	7 7 6	O, O	).		400



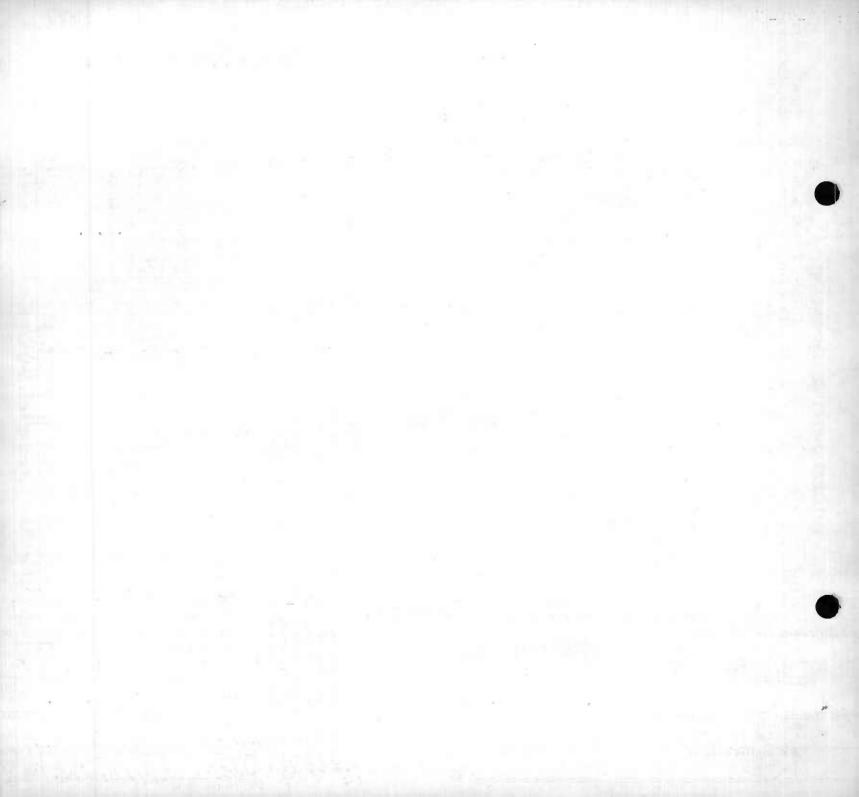
vs 123 Signed by funeral director. 8/17/65

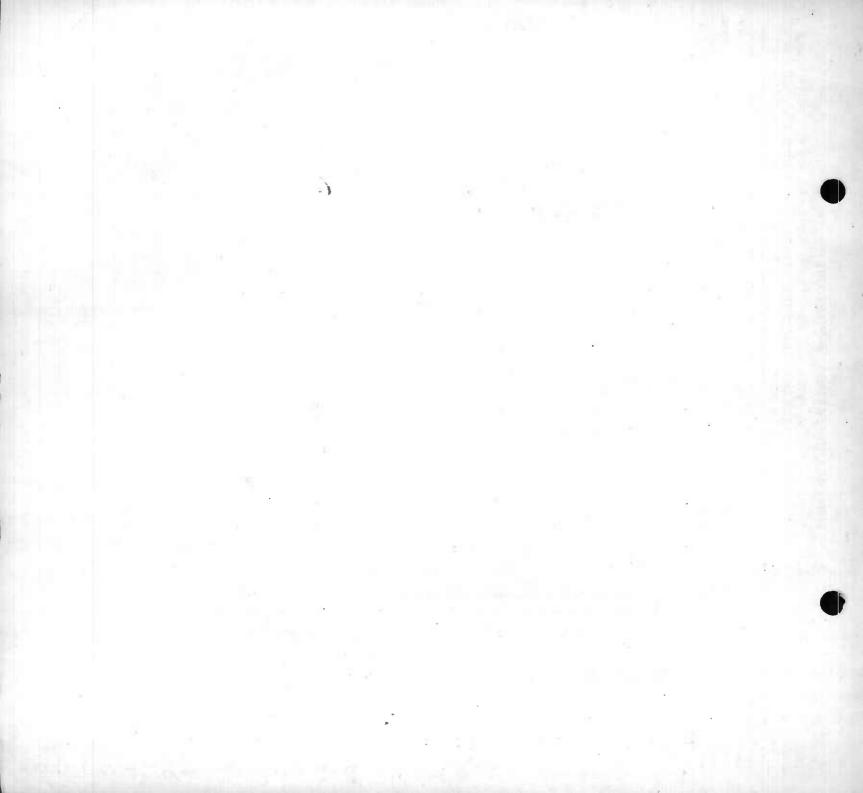
Tops the start Shill Conquest & Fl Melmeradina MICHON E. COWMAN MO 4343 TAKE HEICHTS

BIRTH NO. 65 8276	CERTIFICATE OF DE		65 8276
M.E. CASE NO.	CERTIFICATE OF DE	AIN	
1. NAME OF DECEASED (Type or Print)		2. DATE AND HOUR OF DEATH	500
SHANON SHANON BALL	EY	8-8-65	0 —
B. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESID	B. COUNTY	nstitution: residence before admis
FULL NAME OF (If not in hospital or institution, give	MARYL	AND	111-01
HOSPITAL OR oddress or locotion) INSTITUTION	C. CITY OR TO	WN (If outside city limits, write	RURAL and dive township)
Manifolion	BALTI	MORE	
THE JOHNS HOPKINS HOSPIT	D. STREET ADD	RESS (If rural, give location)	
THE COMMS HOPKINS HOSPIT	711 W.	. NORTH AVENUE	
5. SEX   6. RACE   7. MARRIED, NEV	ER MARRIED B. DATE OF BIRT		If Under 1 Yr. If Under 24 Months: Doys Hours Mi
MALE NEGRO SEPAR	ORCED (specify)	1-1802 63	Months Doys Hours Mi
MALE NEGRO SEPAR, 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUS)	NESS OR INDUSTRY 11. BIRTHPLACE	(State or foreign country)	12. CITIZEN OF
dane during most of working life, even if retired)			WHAT COUNTRY?
CABORER GALARON	2 RANCAS	ANDEN NAME	U.S.A.
	14. MOINER'S N	NAIDER NAME	
CHARLES BAILEY		JANE	
	SOCIAL 17. INFORMANT		ADDRESS
	- mar 2011	D. DAWKINS 20	23 RUYTONI
18. 2 9 9	CAUSE OF DEATH	IN THURING	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY			ONSET AND DEATH
LEADING TO DEATH	Kenal Jaile	uro Euremia	10 days.
(This does not mean the made of dying, e.g.,	DUE TO	une Euremia nol disease 2° to hemourha	
heart lailure, asthenio, etc. It means the disease, injury ar camplication which caused death.)	21.	0 0	(1)
ANTECEDENT CAUSES	(B) Chronic le	val disease	unknown
DISEASES OR CONDITIONS, il ony, giving	DUE TO	2011	101
rise to the above cause (A) stating the	(c) Hypotension	. I to hemorrha	ge leavys.
UNDERLYING CONDITION Iosi.	-O1		0
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			THE PROPERTY
DISEASE OR CONDITION CAUSING IT.	H OPERATION . 20A. AUTOPS	Y2 (Yes or No) 200 is ver turns	FINDINGS CONSIDERED
WAS PERFORMED WAS PERFORMED	4-1 1 1	IN CERTIFYING CA	USES OF DEATH?
	CE OF INTURY (e.g., in or about 27C, WI		e City, give exact location)
OR CONTRIBUTING CAUSE OF home, fo	CE OF INJURY (e.g., in or about 27C. WI	OCCUR?	
O Company			
OF INITIBY		OW DID INJURY OCCUR?	
(APPROX.) While A	Not While		c. 1
22. I certify that (1) (this hospital) attended the de	ceased from 7-16	19 65 to	8-8 196
that (I) (we) lost sow the deceased alive on	8-8 1965		Inion death accurred on the
and hour and from the pauses stated above. (1) (We	(Hid) (dld not) view the hady of		
23A. SIGNATURE	totalion, view like bady of	1101 0001111	238. DATE SIGNED
All and all and	M.D. Attending	Ned. Stoff	8-8-65
23C PHISICIANES	Phys. D	irector Phys.	8-0-64
23C. PHISICIAN'S NAME (Type)	23D. ADDRESS	11 Rosalisal	
J. M. LEBOWTTZ	M.D. 601	N. HOWWEY	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME REMOVAL (Specify)	of CEMETERY OF CREMATORY	24D, LOCATION	ity, town, or county) (Sto
Bunio 8/11/65 MT	AUBURN	BAUTO	h >
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF RE	GISTRAR 25C. FUNERA	L DIRECTOR	ADDRESS
AUG 9 1965 P. O.J. B. E. Fan	Deuthal In and	and of Hanns	38 p. 6,6me
YOUNG TO			



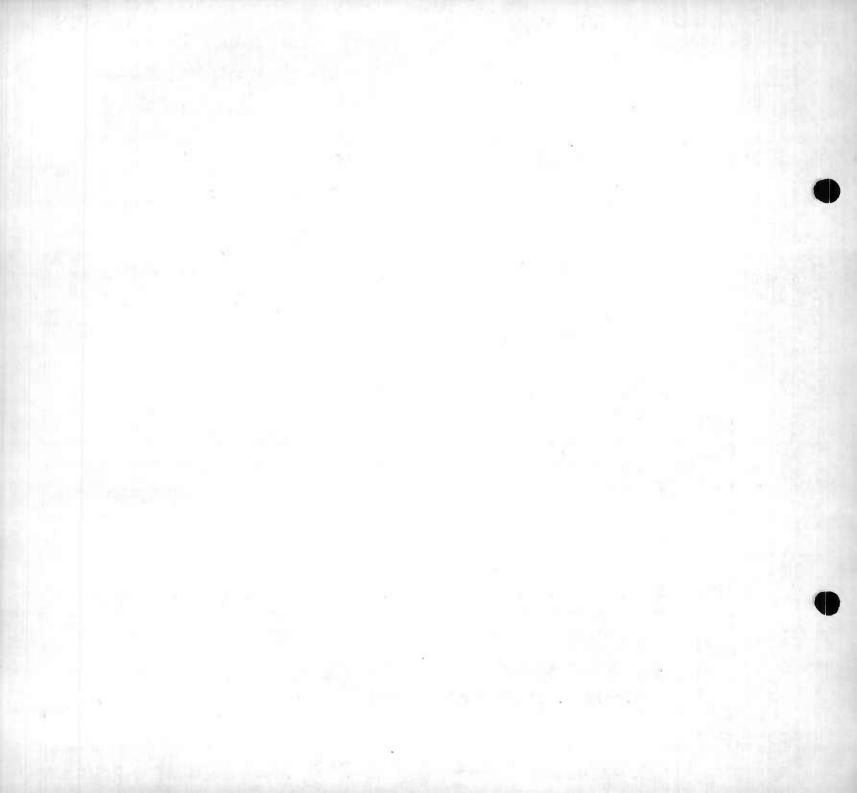
-71-641	H 200	BALTIMORE CITY HEALTH DEPARTMENT	E
PED OF	ALE CASE NO. 65 8277	CERTIFICATE OF DEATH	Registered Na.
Su	NAME OF DECEASED  (ype or Print)  Virginia	TI	ust 6, 1965   8:00 A
cause of cause of cause of cause of ose condance of odeath.	FULL NAME OF (If not in hospital or institution, give street Hospital or Baltimore City Hospital Or Ho	itals    A. USUAL RESIDENCE (*A. STATE B. C.C.   Maryland   C.	Where deceased lived. If institution: residence before admission of the control o
etermined care n regular att sceased prior on is made.	4940 Eastern Avenue Baltimore, Maryland	407.001	(If rurol, give locotion) h Broadway 21213
D 0 5	SEX 6. RACE 7. MARRIED, NEVER WIDOWED, DIVORCE DI VORCE DA, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSIN	MARRIED B. DATE OF BIRTH	9. AGE (In years If Under 1 Yr. If Under 24 H Months; Days Hours Min.
T on	0A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSIN one during most of working life, even if retired)  DOMESTIC.  Priv	Virginia	U.S.A.
sods	Charlie Barnes	14. MOTHER'S MAIDEN	Adley Walker
1:	6. Was Deceased Ever in U. S. Armed Forces? (es, no ar unknown) (If yes, give war or dates of service)	CURITY NO.	ADDRESS
med or fi	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g.,	CAUSE OF DEATH	CH: 4940 Eastern Avenue #  INTERVAL BETWEEN ONSET AND DEATH  Cell Disorder 2-3-Years
an was in regul	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	(B) DUE TO (C)	
ysici e the	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH WAS PERFORMED	OPERATION 20A. AUTOPSY? (Yes o	NO) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21B. PLACE home, form etc.)	OF INJURY (e.g., in or obout 21 C. WHERE DI foctory, street, office bldg., INJURY OCCUI	(If in Boltimore City, give exact location)
			INJURY OCCUR?
ust be obt	22. I certify that (I) (this haspital) attended the dec that (I) (we) last saw the deceased alive an and haur and fram the causes stated above. (I) (We)	August 6, 19 65 and	19 65 to August 6, 19 65 If that in (my) (aur) apinian death occurred an the d
A. at a hos prior to d pproval m	23C.PHYSICIAN'S NAME (Type)  Dr. Howard K. Rat	M.D. Attending Med. Director D	August 6, 196  n Avenue Baltimore, Md. #
vs: (1) D.O. Hen a	BUSIZI 8-10-65 NOT. C. AUG 9 1965 NO BEST AUG	CEMETERY OF CREMATORY  2/12/1/2016  STRAR  25C, FUNERAY DIRECTORY  241  241  241  241  241  241	D. LOCATION (City, town, or county) (Stote PNNE PNUNDE) Common Marine Common (City, town, or county)



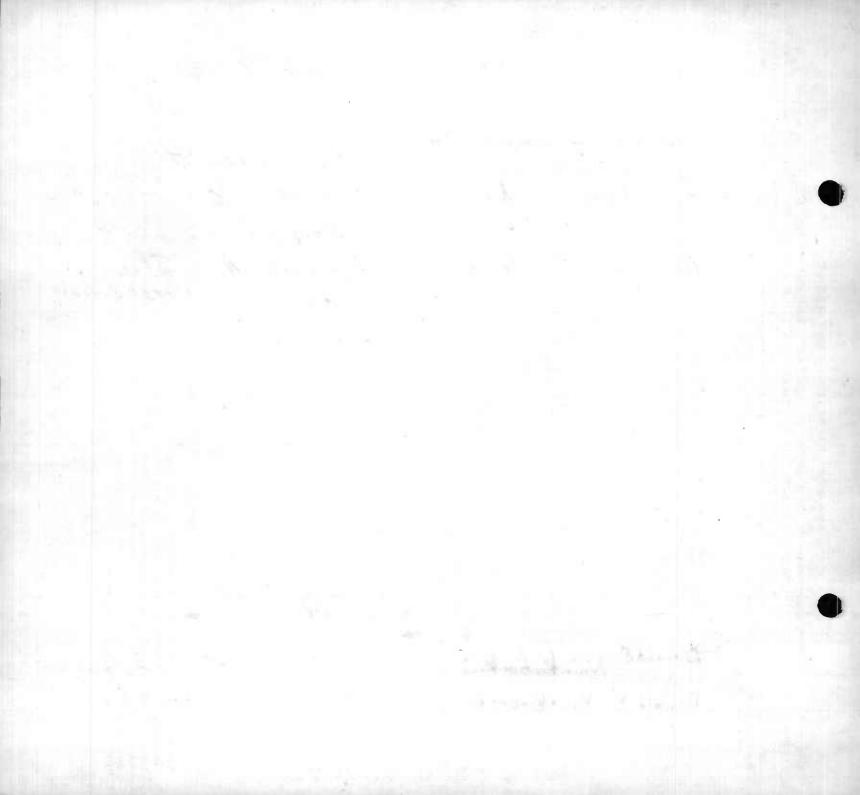


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FUNERAL DIRECTOR:

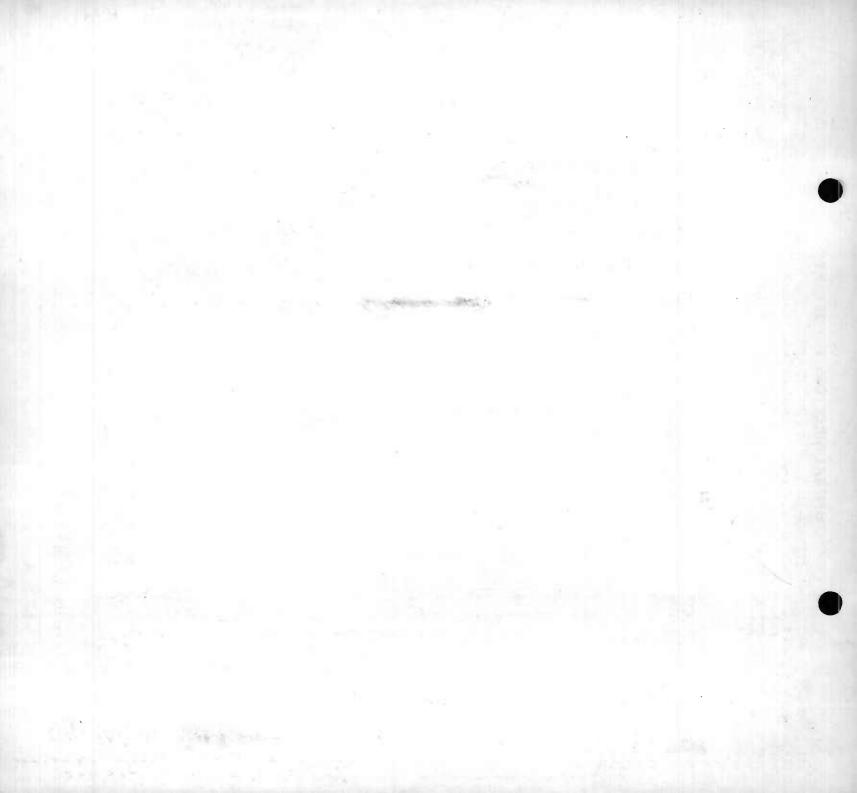


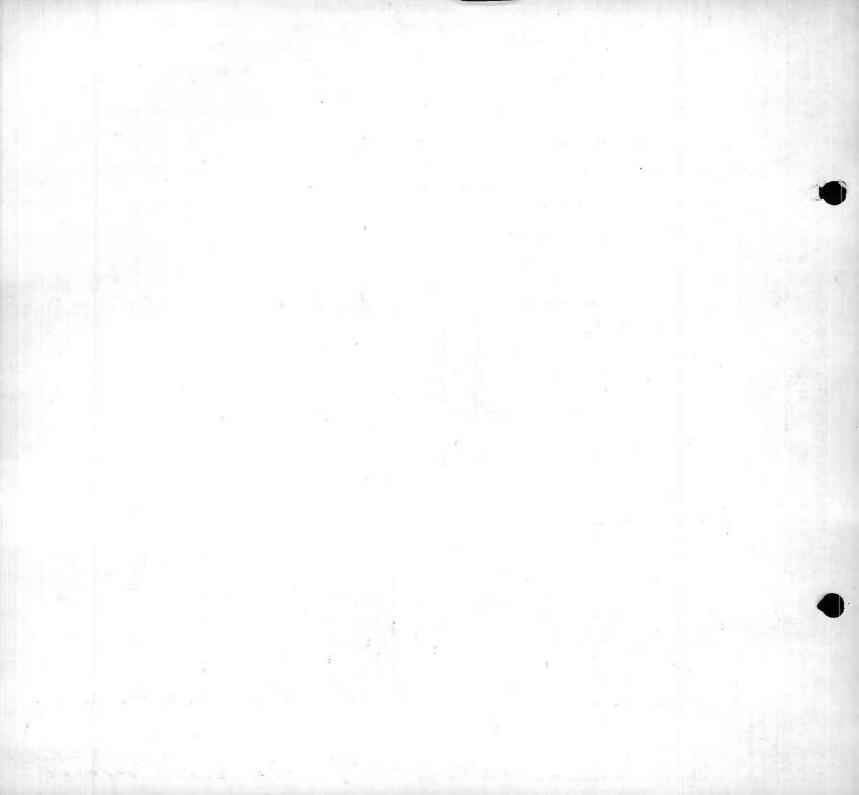
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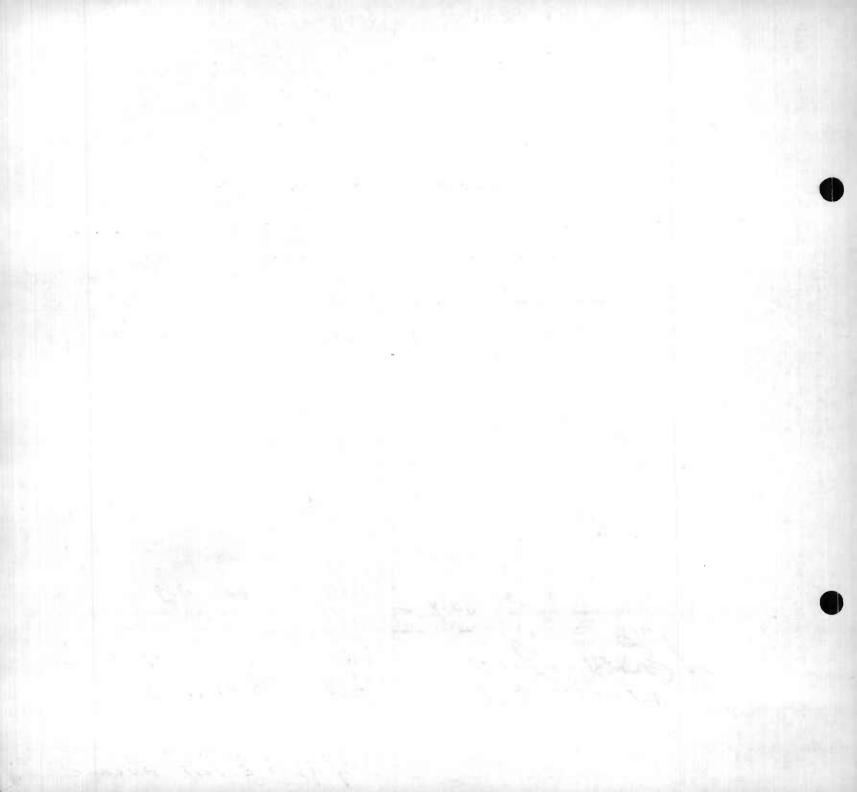
FUNERAL DIRECTOR:





	pproved by the chief medical examiner or his assistant if death occurred in a hospital and a the hospital by a medical examiner. Also, if the direct or contributing cause of death any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased (except where the physician who pronounced death was in regular attendance on the standard (6) No physician was in regular attendance on the characteristic of the cause in regular attendance on the characteristic or the cause in the cause in regular attendance on the characteristic or the cause of the c	
	or contributing and a second contributing and a second contribution an	
IMPORTANT	o the hospital by a medical examiner or his assistant if death occurred in a hospital and of the hospital by a medical examiner. Also, if the direct or contributing cause of death any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased; (except where the physician who pronounced death was in regular attendance on the chargest of the contribution is made to death. Such	2020
FUNERAL DIRECTOR: IMPORTANT	cal examiner. cal examiner. ns; (3) A fractur. ician who pron ician regular of	
FUNERAL	by the chief medicital by a medicital by a medicital (a) Body bur where the physician where the chief the control of the contr	
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such	
	the body v shows: (1) was D.O.A. deceased p	20

BIRTH NO.	65	82	707	TE OF DEAT		65 8283
M.E. CASE NO.	CEASED			DAT	E AND HOUR OF DEATH	4
(Type or Print)	Victoria	a. M	. Haspert		gust 6, 196	
PLACE OF D	EATH IN BALTIMORE, MA		· HODDOL O			institution; residence before admission
				A. STATE B. C	OUNTY	CLAI
FULL NAME			ion, give street	Maryland	C	0
INSTITUTION	address or tacotion	1)				RURAL and give township)
)				Baltimor		
1510	D Latrobe Pa	ark	Merrace	D. STREET ADDRESS	(If rural, give location)	
	0 20 02 0 00 0		2022000	1510 Lati	robe Park T	errace
S EX	6. RACE		HED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. of Under 24 H Months Doys Hours Min.
F	W		Married (specify)	1/16/15	last birthdoy)	Months Doys Hours Min.
-	CUPATION (Give kind of work	1	OF BUSINESS OR INDUSTRY			12. CITIZEN OF
	f working life, even if retired)			,,,,		WHAT COUNTRY?
Clothi	ng Worker			Mar	yland	U.S.A.
3. FATHER'S NA	ME			14. MOTHER'S MAIDEN		
	Joseph Gol	ohie	welri	Till:	ie Krzykow	raki
	d Ever in U. S. Armed For		1 6. SOCIAL	17. INFORMANT	TO THE DAM W	ADDRESS
es, no or unknov	(If yes, give war or date	s of servi	ce) SECURITY NO.	INFORMANT		AddressTerra
No			220-22-629	4 Joseph Ha	aspert 1510	Latrobe Park
18.	/ X I		CAUSE O			INTERVAL BETWEEN
DISE	ASE OR CONDITION DIS	ECTIV		. / /		ONSET AND DEATH
DISEA	LEADING TO DEATH	CECTET	4	todaking	Dislase	18 Mis
(This does	not meon the mode of	dying.	e.g., DUE TO	10-111145	Huckase	0 1910 3
heort foilure	, osthenio, etc. Il meons	the dise				
injury or co	mplication which caused	deoth.)				
	ANTECEDENT CAUSES		DUE TO			
DISEASES	OR CONDITIONS, if	ony, gi				
	he obove couse (A)	sloling	the (C)			
UNDERLYIN	IG CONDITION lost,					2.4
	- 11					
OTHER SIGN	VIFICANT CONDITIONS C					
	DÉATH BUT NOT RELA R CONDITION CAUSING I		THE			
19A. DATE C			OR WHICH OPERATION	20A. AUTOPSY? (Yes		FINDINGS CONSIDERED
19A. DATE C	WAS PER	FORMED		No	IN CERTIFYING C	AUSES OF DEATH?
U 21 A. ACCID	ENT WAS UNDERLYING	1	21B. PLACE OF INJURY (e.g., i	n or obout 21C. WHERE D	ID (If in Boltime	sie City, give exact lacotion)
OR CONTRI	BUTING CAUSE OF	,	home, form, foctory, street, o	ffice bldg., INJURY OCCU	R?	
U	fy medical examined		GIG./			
OF INJURY	(Month) (Day) (Year)	(Hour)	21E INJURY OCCURRED	21F. HOW DIE	INJURY OCCUR?	
(APPROX.)			While At Not While			
			Wark At Work	A	111 1	-0/
22. I certif	y that (I) (this hospital	) attend	ed the deceased fram	Steve	1964 to 170	19.63
that (I) (we	) last saw the decease	d alive	an July 20	1965 or	nd that In (my) (aur) a	pinian death accurred an the c
1			e. (I) ( <del>We)</del> (did) ( <del>did-not</del> ) v			
23A. SIGNAT		eu abov	v. (1) ( <del>110-1101</del> ) (110-1101) (110-1101) (110-1101)	TOW THE DUBY DITE! GE	U111.	DATE SIGNED
ZSA. SIGNAL	-11	1		and the state of t		238, DATH SIGNED
1	most a	711	ODen M.D. Alth	s. Med.	Phy s.	8/1/65
28 C. PHYSICI	ANS	X.		23D. ADDRESS		1-
NAME	EMMETT	55	LIFE AL MA	Madical	Arts BI	19.
</td <td>c 17/1/12/1</td> <td>4</td> <td>UL ZIV M.D.</td> <td>, , ,</td> <td></td> <td></td>	c 17/1/12/1	4	UL ZIV M.D.	, , ,		
AA. BURIAL CR		24	C. NAME of CEMETERY of CR	EMATORY 24	D. LOCATION	City, town, as county) (State
Buria	- 01-10-	5 1	Holy Cross Ce	meterv	Anne Amind	el, Maryland
		lana ata			CTOP	ADDRESS
	1065 10 1	C	failey FLM	Charles 1	Stevens	Funeral Home, In
AUG 9	1965 Robert	1 -1	1.0	150	I.E. FORT	Avenue
/S 150-REV. 1/1		. 00	· the table to	117	Q	



Spitz.

248 NAME OF REGISTRAR

JONER

23C, NAME of CEMETERY OF CREMATORY

MORELAND MEMORIAL PARK

23D. LOCATION

24C. FUNERAL DIRECTOR

BALTIMORE, MARYLAND

LEONARD J. RUCK, INC., BALTO., MD. 21214

(Stote)

(City, town, or county)

ADDRESS

Werner U.

23B. DATE

NAME (Type)

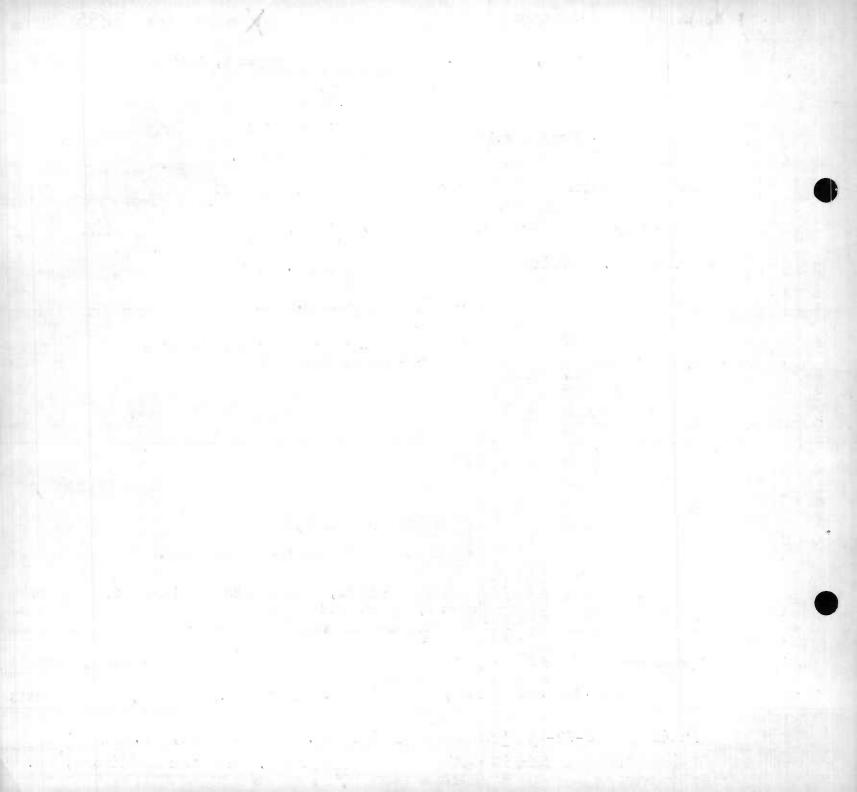
24A, DATE REC'D BY HEALTH DEPT.

23A, BURIAL CREMATION.

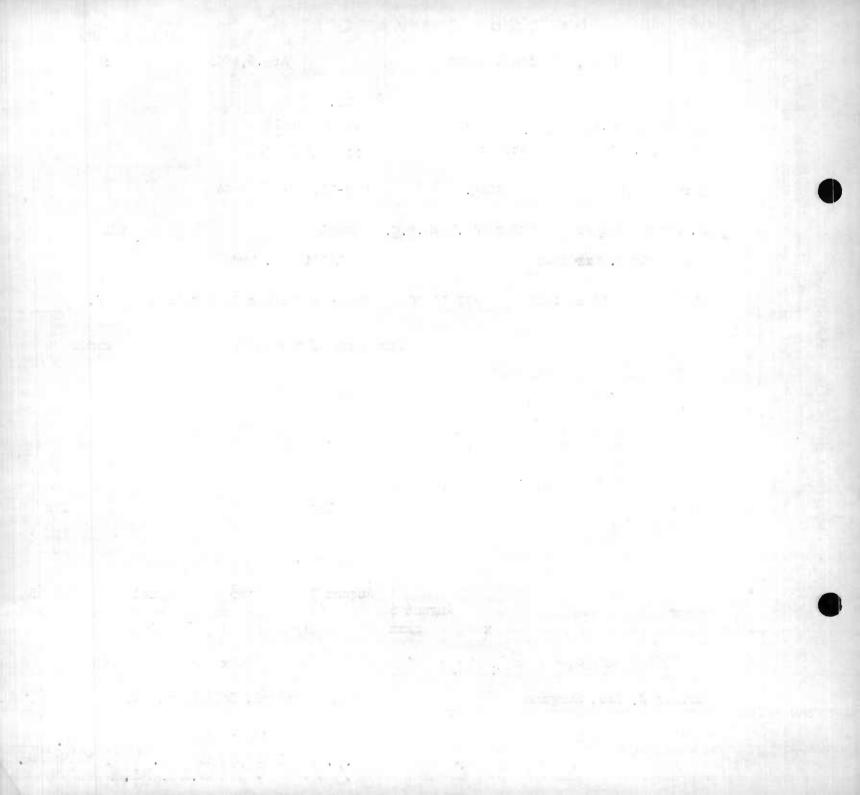
REMOVAL (Specify)
BURIAL

VS 151-REV. 1/1/65

	OF C	000=	BALTIMORE CITY		• /	CE COOF
BIRTH NO.	65 8	3285	CERTIFICA	TE OF DE	EATH Registered No	65 8285
NAME OF DEC	EASED				2. DATE AND HOUR OF DEAT	н
Type or Print)	Schmitt	. Leona	rd G.		August 9, 1965	2:10P
PLACE OF DEA	ATH IN BALTIMORE, MA			4. USUAL RESID	DENCE (Where deceased lived, If	institution: residence before admission
				A. STATE	B. COUNTY	
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or locotion) INSTITUTION				C. CITY OR TO	WN flf outside city limits, write	RURAL and give township)
1	St. Josep	h Hospi	tal	Baltimor	ress (If rurol, give location)	Balto
1				1226 Hal	stead Rd.	53-00
SEX	6. RACE		NEVER MARRIED	B. DATE OF BIRT	H 9. AGE (In years lost birthday)	If Under 1 Yr., If Under 24 Hr Months; Doys Hours; Min.
Male	White		D, DIVORCED (specify)	March 16		74011113 5073 110013
	JPATION (Give kind of work working life, even if retired)	108. KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE	(State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Acme M	onleate	Rol+imom	a Manual and	IISA
Supervi		ACINO IN	arke 65	14. MOTHER'S A	e, Maryland	USA
		, ,				
	rk (. Schmi			Anna	L. Stein	
. Was Deceased es,no ar unknown	Ever in U. S. Armed For Off yes, give wor or date	s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
ues	WW 2		212032570	Annes G	Schmitt	same.
18. 15	4-X		CAUSE O	F DEATH	3 G Black	INTERVAL BETWEEN ONSET AND DEATH
rise to the	OR CONDITIONS, if a above cause (A) CONDITION last.  FICANT CONDITIONS CEATH BUT NOT RELACONDITION CAUSING I	stating the	(C)			
	OPERATION 198. CON WAS PER	DITION FOR	WHICH OPERATION	NO	Y? (Yes or No) 208. IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBU	NT WAS UNDERLYING DATE OF Medicol examiner	211 hor etc	B. PLACE OF INJURY (e.g., in me, form, foctory, street, of .)		HERE DID (If in Bottim OCCUR?	ore City, give exoct locotion)
21 D. TIME	(Month) (Doy) (Year)	(Hour) 21E	INJURY OCCURRED	21 F. HC	W DID INJURY OCCUR?	
(APPROX.)		W	hile At Not While	е		•
22 4	.1 . (1) (.1				10.65	manet 0
			the deceased fram Ju	-		lugust 9, 19 65
that (I) (we)	last saw the decease	d alive and	Rugust 9,	1965	and that in(my) (aur) a	pinian death accurred an the d
and haur and	from the causes sta	ted abave. (	(I) (We) (did) (dld nat) v	iew the bady a	fter death.	
23A. SIGN ATU	IRE	4				238. DATE SIGNED
Ben; o	mun V. d	ul C	Car men M.D. Atte	ending N	Ned. Stoff Phys. K	August 9, 1965
23C. PHYSICIA	.N°S			23D. ADDRESS	711/32 4002	
NAME (T	Benjamin V	del Ce	irmen . M.D.	1400 N . C	anoline St Balts	mone Mermaland 010
						more, Maryland 212
REMOVAL	MATION, 248. DATE Specify)	24C. N	AME of CEMETERY of CRE			City, town, or county) (State)
burial	8-12-	55 Gn	rdens of Fa	ith Com.	Baltimore,	Md.
A. DATE REC'D	BY HEALTH DEPT.	TED NIABAE	OF BEGISTRAS	25C. FUNERA	L DIRECTOR	ADDRESS
AUG 9	1965 Robert	8, to	Wey MA	Leona	rd J. Ruck Inc	Baltimore, Md.
150-REV. 1/1/		1 1	5 5 0 0	077	9 <del>*</del> 0	
		1	die.		- And	

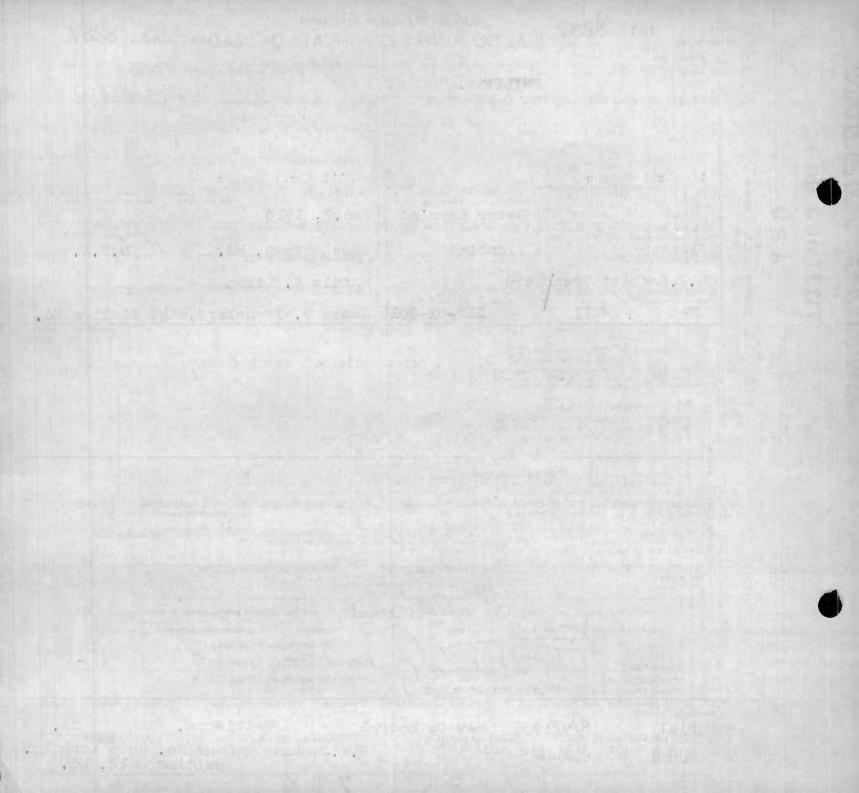


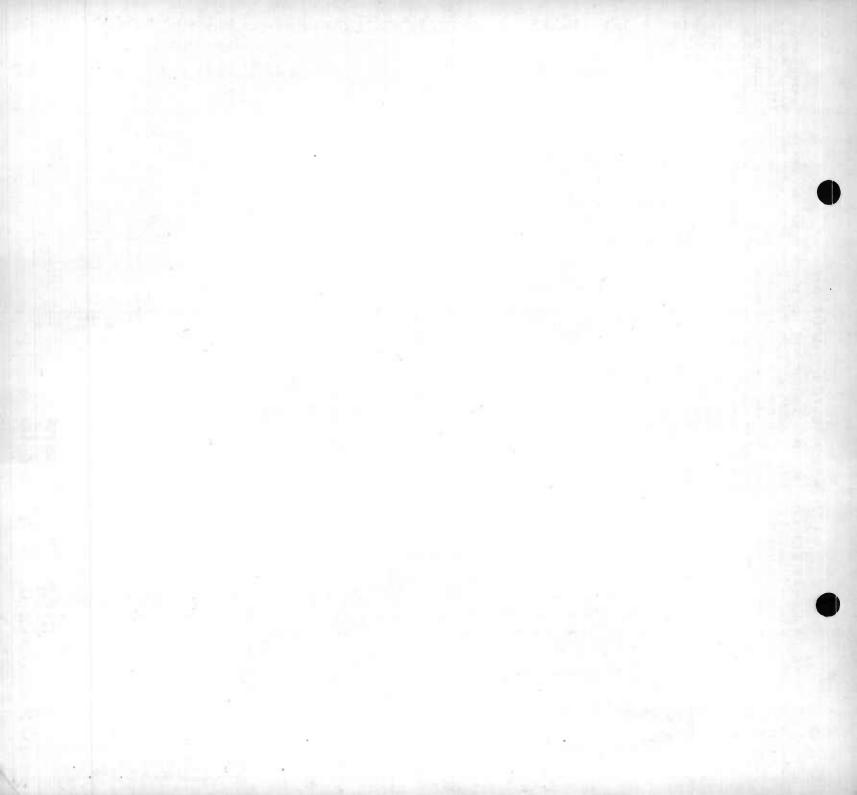
		/ ) 7-	0000	BALTIMORE CITY				
	TH NO. E. CASE NO.	65	8286	CERTIFICA	TE OF	DEATH	Registered No.	55 8286
1. N	AME OF DEC	EASED				2. DATE AN	D HOUR OF DEATH	1
(Ту	pe or Print)	GARDINER, Lil	lian Au	gusta		Aug.	6,1965	6:40 P
3, 1	PLACE OF DE	ATH IN BALTIMORE, MA	RYLAND		4. USUAL RI		re deceased lived. If	institution: residence before admission)
	FULL NAME O	F (If not in hospital address or location	or institution,	give street	MD.			Balt
US Public Health Service Hospital						more 28		RURAL and give township)
/	Wyman Pl	k.Drive & 31s	t Street	t	D. STREET A 225 H	ilton Av	rural, give location)	
5. 9	S EX	6. RACE		NEVER MARRIED	B, DATE OF B	IRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months: Days Hours Min,
	Fem	W	Sin	D, DIVORCED (specify)	Mar-23	,1901	last birthdoy)	Months Days Hours Min,
		UPATION (Give kind of work working life, even if retired)	10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLA	CE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
		e Officer	USPHS I	Hdq.Wash.D.C.	Mary1	and		USA
13.	FATHERS NA	ME			14. MOTHER	MAIDEN NA	ME	
	Franc	is X. Cardine	r		Li1	1 <b>4</b> an A. 1	Mudd	
15.	Was Deceased	Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMA	NT		ADDRESS
	PHS	1945 to 19		577 54 0698	Record	s USPSHo	spital Balt	cimore, Md.
	18. / 7	OXI		CAUSE O	DEATH			INTERVAL BETWEEN ONSET AND DEATH
	DISEA	SE OR CONDITION DI	RECTLY	0		0 43 - 3		
	(This does no	LEADING TO DEATH	dutas as	(A)	cinoma of the breast			months
	heart failure,	osthenio, etc. It meons	the disease,	DUE TO				
	injury or con	nplication which caused	deoth.)					
		ANTECEDENT CAUSES		DUE TO				
		OR CONDITIONS, if						
		e obove couse (A) G CONDITION lost,	stoting the	(C)				· · · · · · · · · · · · · · · · · · ·
		II						
ATION	TO THE D	IFICANT CONDITIONS CONDITIONS CONDITION CAUSING	ATED TO TH	G E				
S		OPERATION 198. CON	IDITION FOR	WHICH OPERATION	20 A. AUTO	PSY? (Yes or No	20B, IF YES, WERE	FINDINGS CONSIDERED
ERTIFIC	2)	WAS PER	FORMED		Ye	s	IN CERTIFYING C.	AUSES OF DEATH?
AL C	OR CONTRIBL	NT WAS UNDERLYING DATE OF medical examiner	21 B. ham etc.	PLACE OF INJURY (e.g., in te, form, factory, street, of	fice bldg., INJU	WHERE DID	(If in Boltima	are City, give exoct location)
DIG	21 D. TIME	(Month) (Day) (Year)	(Hour) 21E.	INJURY OCCURRED	21 F.	HOW DID INJ	URY OCCUR?	
ME	OF INJURY		Whi	ile At Not While				
	(AFTROM)		Wo	rk	<u> </u>	2	/ E	
	22. I certify	that (X) (this hospital	l) attended ti		August	-		ugust 6 19 65
		last saw the decease					at In (345340) (aur) ap	pinion death accurred on the date
			red abave. 4	(Me) (qiq) ( <b>444.22)</b> v	lew the body	atter death.		23B, DATE SIGNED
23A. SIGNATURE  AND. Attending Med. Stoff Re								
		10 grue	0	Phy	s	Director	Phys. X	8/7/65
	NAME (T	ype)			23D. ADDRESS			
	Thomas	J. Lau, Surge	on	M.D.	USPHS	Hospital	, Baltimore	e, Md.
244	A. BURIAL CRE	MATION, 248. DATE	24C. N	AME of CEMETERY of CRE	MATORY	24D. L	OCATION (C	City, town, or county) (State)
F	Burial	8/10/1	965 Ne	ew Cathedra		Rel	Ltimore	Md.
25 A	DATE REC'D	BY HEALTH DEPT.		DE REGISTRAR				. ADDRESS
	AUG 9	1965 (1) Ce &	12, Ja	Security 1	HeW .	enkins		
VS	150-REV. 1/1/	65		2 4 5 5			Balto.12	, Md •



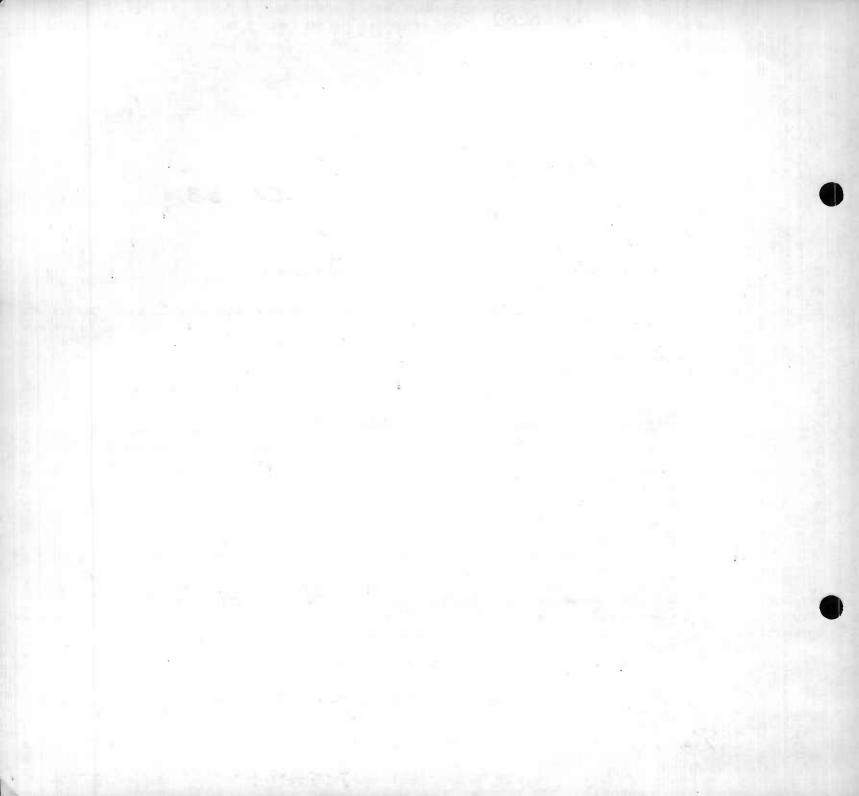
VS 151-REV. 1/1/65

Baltimore 12, Md.





. 125		65 8289	BALTIMORE CITY	HEALTH DEPARTMENT		
2 t 2 0 t	100	ITH NO. E. CASE NO.	CERTIFICA	TE OF DEATH	Registered No.	8289
haspital and se of death (5) Deceased ance on the death. Such	1. (T	NAME OF DECEASED  THE OF PARTY OF PARTY OF THE PARTY OF T	Yorgan	8-	D HOUR OF DEATH  9-65  Te deceosed lived. If instituty	J 5D M.
l in a hasping cause cause; (5) attendance ior ta dec	3 3	FULL NAME OF (II not in hospital or institution, gry oddress or location)	e street	Boltino	side city limits, write RUR	AL and give township)
outined ar	made.		SPITO S  EVER MARRIED  DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years III	Under 1 Yr. II Under 24 His.
ath occur cantrib determin in regul	·s #	A. USUAL OCCUPATION (Give kind of work 10B, KIND OF B	USINESS OR INDUSTRY	11. BIRTHPLACE (Stole	63.	2. CITIZEN OF WHAT COUNTRY?
rif dearrect ar (4) Unc	dispasition 13	FATHERS NAME		14. MOTHER'S MAIDEN NAM	ME	
Sistant the dirkind; death	1.0	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give war or dates of service)	6. SOCIAL SECURITY NO.	Earl Mor	19an 1015	Address Address Au
OR: IMPORTAN iner ar his assistant iner. Also, if the di acture of any kind; pronounced death ular attendance on	mbalmed or	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heal failure, asthenia, etc. It means the disease, injury or camplication which caused death.)	(A) HELO	wek haye 2	Systic Care	INTERVAL BETWEEN ONSET AND DEATH
L DIRECTC sdical exami lical exami rrns; (3) A fr sician wha	ains are e	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last,  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	(C)	espite Ca.	· Caargas	ζ
FUNERAL  The chief me by a med by a med by a phy the phy physician	re the rem	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WINWAS PERFORMED	TICH OPERATION	20 A. AUTOPSY? (Yes or No	208. IF YES, WERE FIN	DINGS CONSIDERED S OF DEATH?
FUI by the c pital by re; (2) B where t	befor	21A. ACCIDENT WAS UNDERLYING   21B. PI OR CONTRIBUTING   CAUSE OF DEATH (natily medical examiner) etc.)	LACE OF INJURY (e.g., in larm, factory, street, aff	or obout 21C. WHERE DID	(II in Boltimare Ci	ty, give exact lacotion)
aved be hosp nature	hained	OF INJURY (APPROX.) While Work	At Work	ola ale	750	2/2
t be appresed to the sed to the s	peo	22. Learnify that (1) (this hospital) attended the that (1) (we) lost sow the deceased alive on 2 and hour and from the causes stated above. (1)	50/P 819	19 GS ond the	ot in(my) (our) opinio	n death occurred on the date
mus relea ccide a hos	val must	Bloweney,	(UD) M.D. Atter	nding Med.	Stoll Phys.	Elalos
certificate body was r vs. (1) An a D.O.A. at c	•	23C. PHYSICIAM'S NAME (Type)  BARRY  A. BURIAL CREMATION, 24B. DATE 24C. NAM REMOVAL (Specify)	M.D.	Solue l	Appleur (City,	Josepho, (Stote)
This certif the body shows: (1) was D.O./ deceased	written 4	ALDATE REC'D BY HEALTH DEPT. 258. NAME OF	REGISTRAR	25C. FUNERAL DIRECTOR	VI 1840	ADDRESS
- = 0, > 0		150-REV. 1/1/65	New Mail	Joseph S	cha 1910	11. carron of



23C. NAME of CEMETERY OF CREMATORY

foreland Memorial

M.D. ASSISTANT MEDICAL EXAMINER X

24C, FUNERAL DIRECTOR

ASSOCIATE MEDICAL EXAMINER

23D, LOCATION

palto. Md.

8-6-65

(Stote)

(City, town, or county)

ACTUAL

Buraal

VS 151-REV, 1/1/65

SIGNATURE.

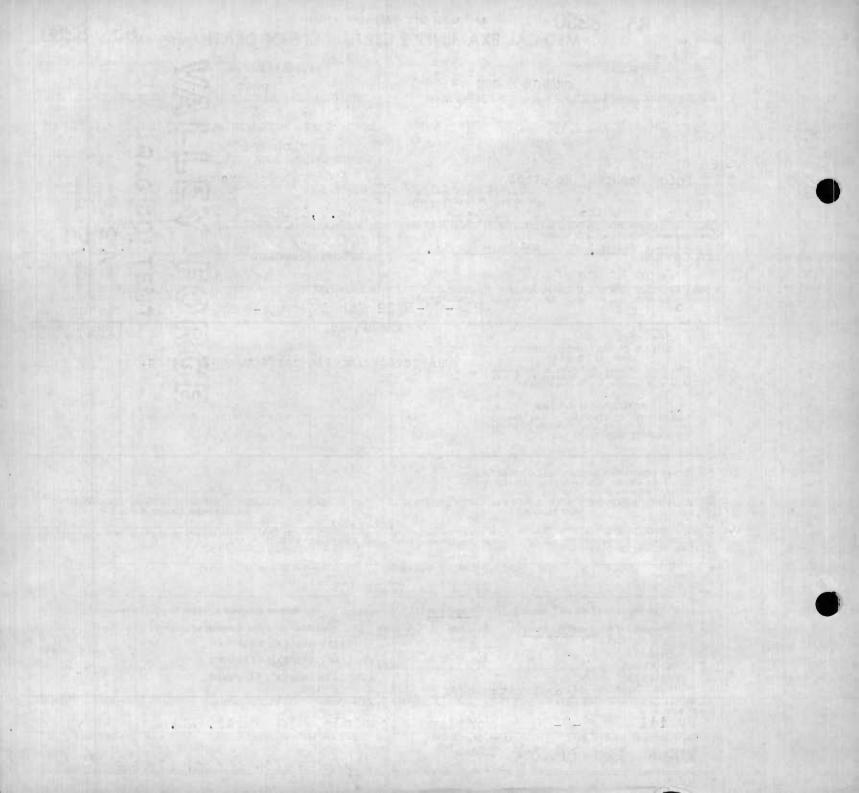
EXAMINER'S

NAME (Type)

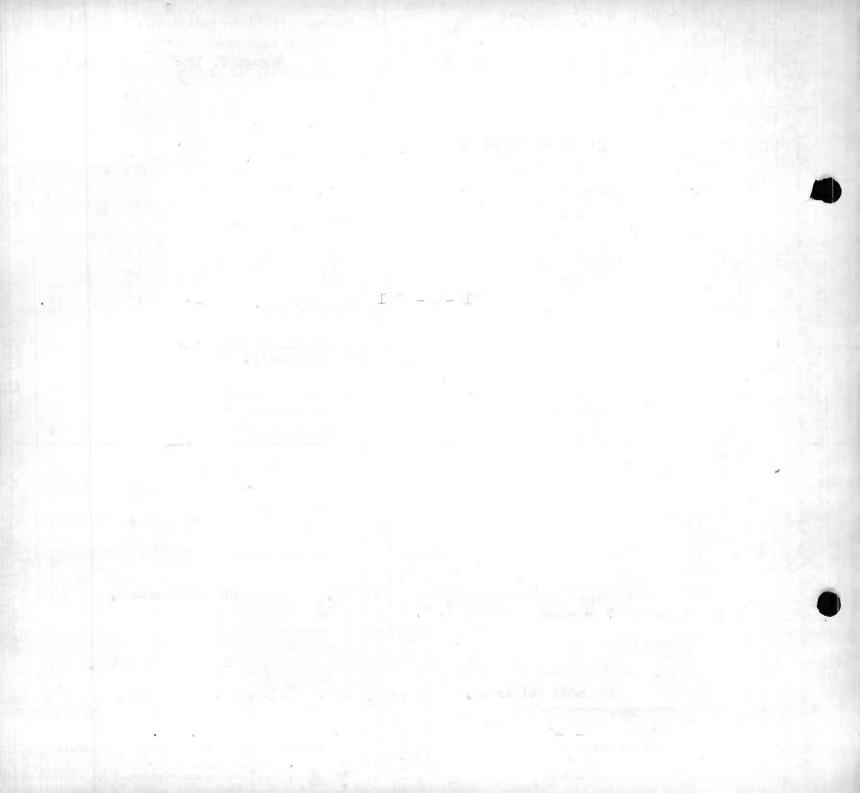
23A. BURIAL CREMATION, 238, DATE

Rudiger Breitenecker

248, NAME OF REGISTRAR



VS 150-REV, 1/1/65



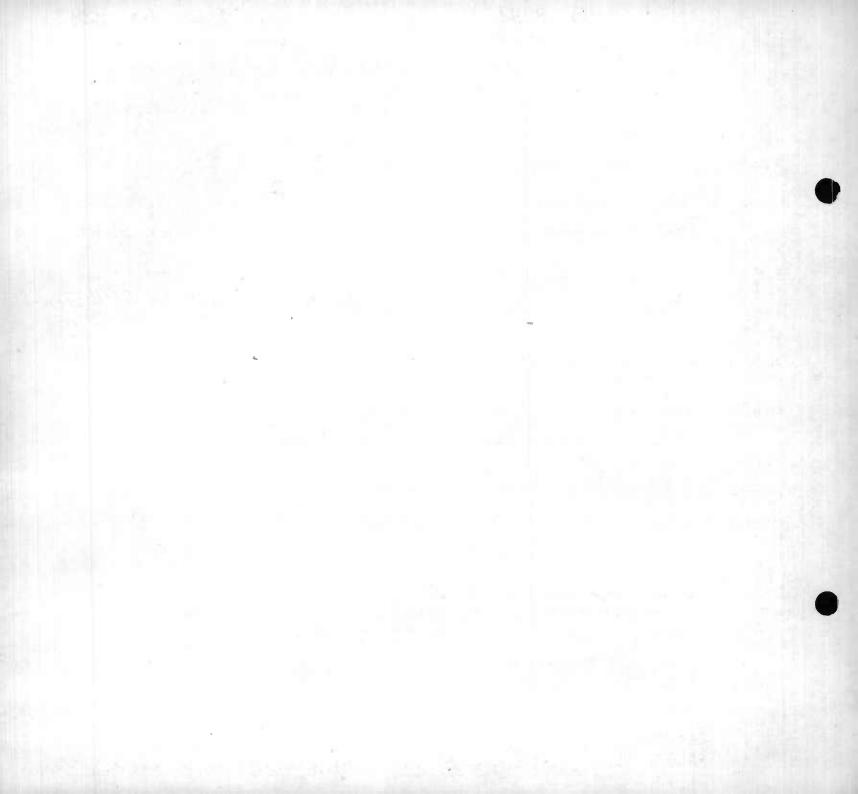
BALTIMORE CITY HEALTH DEPARTMENT

IMPORTANT **DIRECTOR:** FUNERAL

V\$ 150-REV. 1/1/65

12. CITIZEN OF WHAT COUNTRY? U.SA ADDRESS ONSET AND DEATH 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) and that in (my) (aur) opinion death accurred on the date 23B. DATE SIGNED

If Under 24 Hrs.



IMPORTANT

DIRECTOR:

VS 150-REV. 1/1/65

68 22.61 A. 1. 1. 1. 11. pricing 201 --ALEXANDER GLASSING IN THE

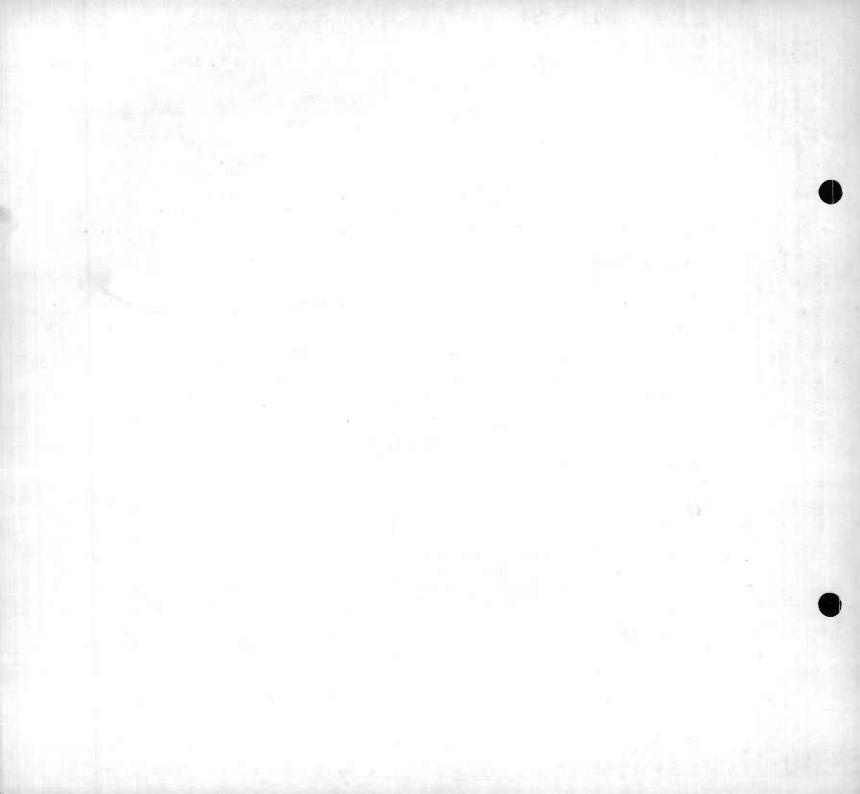
DEAD CO RECEIRL

Alues a more Ephraim P. BARZACH CHURCH HOME & HESPILE .

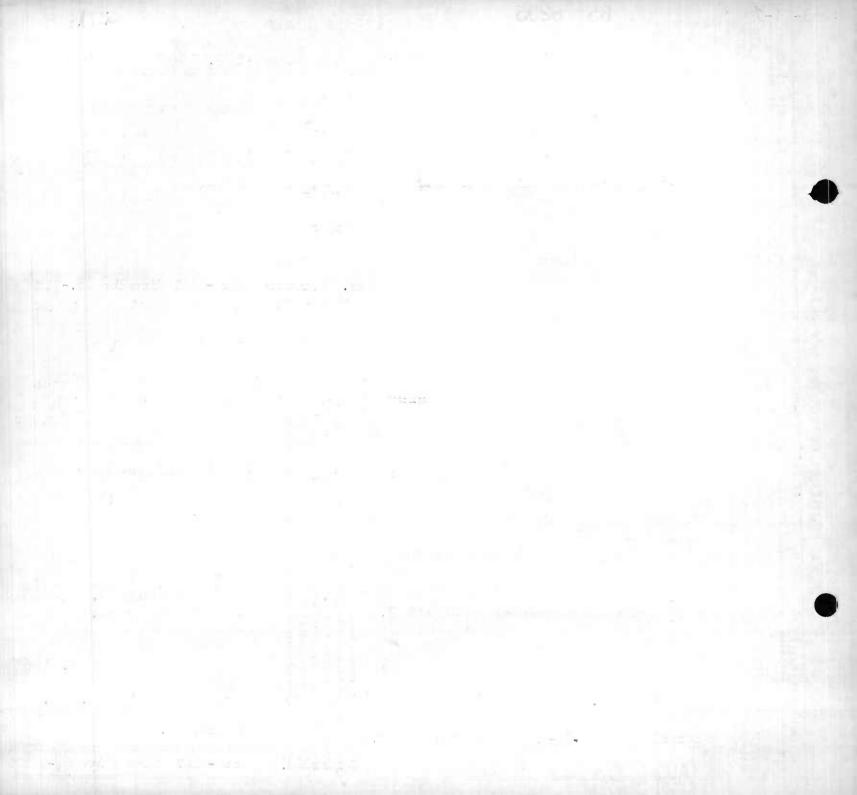
and of death Deceased

uo

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) James J. Cawley August 7, 1965 5 A.M. 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) 3. PLACE OF DEATH IN BALTIMORE MARYLAND A. STATE Maryland (If not in haspital or institution, give street FULL NAME OF HOSPITAL OR oddress or lacation) C. CITY OR TOWN (If outside city limits, write RURAL and give township) INSTITUTION Baltimore 6735 O'Donnell St. D. STREET ADDRESS (If rural, give lacation) 6735 O'Donnell St. 5. SEX 6. RACE MARRIED, NEVER MARRIED 9. AGE (In years 8. DATE OF BIRTH If Under 1 Yr. If Under 24 Hrs. WIOOWEO, OIVORCED (specify) tost birthday) Months Days Hauss Male White Married July 3, 1908 57 10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Crane operator Steel Maryland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James J. Cawlev Margaret Moran 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT AODRESS 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. No Mrs. Catherine Cawley 6735 O(Donnell St. CAUSE OF DEATH 5 ONSET AND OFATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES OUF TO DISEASES OR CONDITIONS, if any, giving to the above cause (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT. 19A. OAJE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF CEATH? 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE OID hame, form, tactary, street, affice bldg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF OEATH (notify medical examiner) (Month) (Ooy) (Year) (Hour) 21 E. INJURY OCCURRED 21 F. HOW OID INJURY OCCUR? OF INJURY While At Not While (A PPROX.) Work At Work 22. I certify that (I) (this haspital) attended the deceased from that (1) (we) last sow the deceased alive on... ond that in (my) (our) opinion death occurred on the date and haur and from the causes stated above. (1) (We) (did) (did not) view the body after death, 23A. SIGNATURE 23B. OATE SIGNEO Attending Phys. M.O. Mad. Stoff Director Phys. 23C. PHYSICIAN'S 230. AOORESS NAME (Type B.W. Sollod 2900 Dungan Road 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, lawn, or county) REMOVAL (Specify) 8/10/65 H OEPT. Oak Lawn Cemetery Colgate. 258. NAME OF REGISTRAR 25C. FUNERAL OIRECTOR ADORESS Ublrich Funeral Home Dundalk, Md. VS 150-REV. 1/1/65



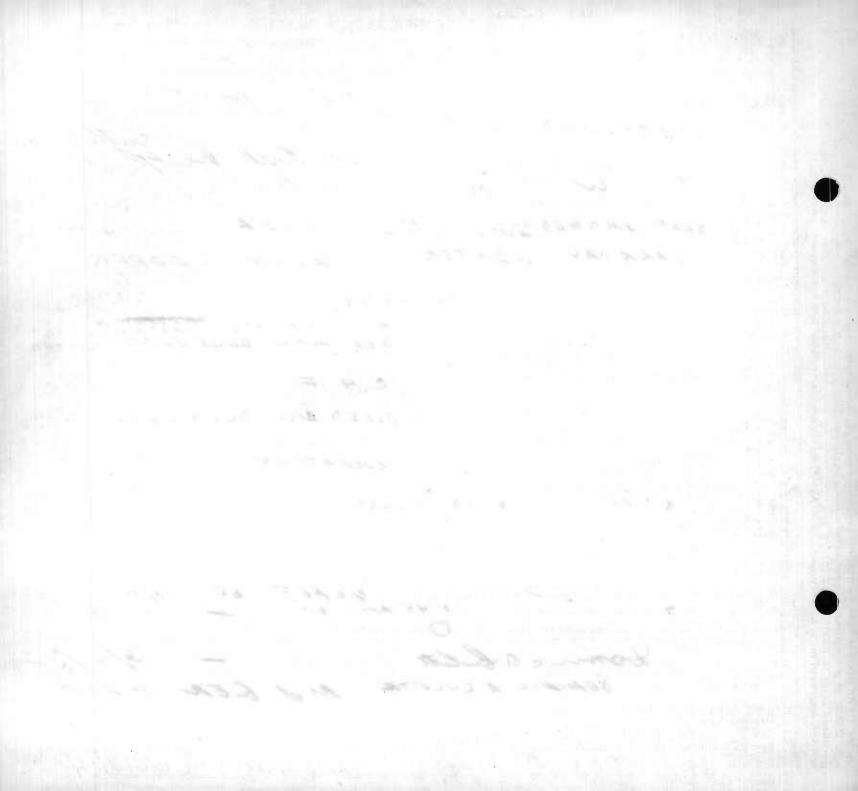
43-71-70	BALTIMORE CITY HEALTH DEPARTMENT  CENTIFICATE OF DEATH Registered No. 65	3 2795
che ath	M.E. CASE NO.	0040
OB S	1. NAME OF DECEASED (Type of Print)  Margaret Kremer  2. Date and Hour of Death August 9, 1965	5:20 A M.
opidato de	3. PLACE OF DEATH IN BALTIMORE, MARYLAND  4. USUAL RESIDENCE (Where deceosed lived. If institution of the property of the prop	
d in a hosing cause cause; (5) aftendancrior to dec	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR Oddress or location)  Baltimore City Hospitals 4940 Eastern Avenue Baltimore, Maryland #21224  Baltimore Street  Maryland  C. CITY OR TOWN (If outside city limits, write RUR  Baltimore  D. STREET ADDRESS (If iural, give location)  1141 Wicomico Street	#21230
but but lar	S SEY A PACE IT MADRIED NEVER MARRIED O DATE OF CIRTH ID AGE III TOURS IN	f Under 1 Yr. If Under 24 Hrs.
ermin regul sased is ma	Female White widowso, Divorced (specify) single was wood 4-12-84	Aonth's Days Hours Min.
Indete s in r dece	None Maryland	2. CITIZEN OF WHAT COUNTRY?
\$ + sp	unknown unknown	
B 0 =	15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no grunknawn) (If yes, give wor or doles of service)  No  16. SOCIAL SECURITY NO.  NO  RECORDS: BCH: 4940 Ea	
acture of any kir pronounced de ular attendance mbalmed or fina	CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart foilure, osthenia, etc. It means the disease,	INTERVAL BETWEEN ONSET AND DEATH
physician who an was in regu	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoting the UNDERLYING CONDITION last.  Decubitus Ulcers(Severe Multiple Conditions of the Condition of the Condition of the Conditions of the	ident With 5 Months
> W	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  Cholelithiasis - Jaundice (Obstruent)  194. Date of Operation 198. Condition for which Operation 204. Autopsy? (Yes or No.) 208. IF YES, WERE FINE  204. Autopsy? (Yes or No.) 208. IF YES, WERE FINE  205. Autopsy? (Yes or No.) 208. IF YES, WERE FINE  206. Autopsy? (Yes or No.) 208. IF YES, WERE FINE  206. Autopsy? (Yes or No.) 208. IF YES, WERE FINE  207. Autopsy? (Yes or No.) 208. IF YES, WERE FINE  208. Autopsy? (Yes or No.) 208. IF YES, WERE FINE  208. Autopsy? (Yes or No.) 208. IF YES, WERE FINE  208. Autopsy? (Yes or No.) 208. IF YES, WERE FINE  208. Autopsy? (Yes or No.) 208. IF YES, WERE FINE  208. Autopsy? (Yes or No.) 208. IF YES, WERE FINE  208. Autopsy? (Yes or No.) 208. IF YES, WERE FINE  208. Autopsy? (Yes or No.) 208. IF YES, WERE FINE  208. Autopsy? (Yes or No.) 208. IF YES, WERE FINE  208. Autopsy? (Yes or No.) 208. IF YES, WERE FINE  208. Autopsy? (Yes or No.) 208. IF YES, WERE FINE  208. Autopsy? (Yes or No.) 208. IF YES, WERE FINE  208. Autopsy? (Yes or No.) 208. IF YES, WERE FINE  208. Autopsy? (Yes or No.) 208. IF YES, WERE FINE  208. Autopsy? (Yes or No.) 208. IF YES, WERE FINE  208. Autopsy? (Yes or No.) 208. IF YES, WERE FINE  208. Autopsy? (Yes or No.) 208. IF YES, WERE FINE  208. Autopsy? (Yes or No.) 208. IF YES, WERE FINE  208. Autopsy? (Yes or No.) 208. IF YES, WERE FINE  208. Autopsy? (Yes or No.) 208. IF YES, WERE FINE  208. Autopsy? (Yes or No.) 208. IF YES, WERE FINE  208. Autopsy? (Yes or No.) 208. IF YES, WERE FINE  208. Autopsy? (Yes or No.) 208. IF YES, WERE FINE  208. Autopsy? (Yes or No.) 208. IF YES, WERE FINE  208. Autopsy? (Yes or No.) 208. IF YES, WERE FINE  208. Autopsy? (Yes or No.) 208. IF YES, WERE FINE  208. Autopsy? (Yes or No.) 208. IF YES, WERE FINE  208. Autopsy? (Yes or No.) 208. IF YES OR NO.	DINGS CONSIDERED
(2) Bodere the physic efore the	198. CONDITION FOR WHICH OPERATION WAS PERFORMED  198. CONDITION FOR WHICH OPERATION WAS PERFORMED  199. Date of operation was performed  200. Autopsy? (Yes or No.) 208. If Yes, were fining cause Yes  Yes  Yes	200
No pl	21A. ACCIDENT WAS UNDERLYING   CAUSE OF   21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID   (II in Baltimore Ci home, lorm, loctory, street, office bldg., INJURY OCCUR? etc.)	ity, give exact facation)
	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.)  While At Work AI Work	
or any nar al (except h); and (6 be obtaine	22. I certify that (I) (this hospital) attended the deceosed from May 28, 19.65 to Aug that (I) (we) last saw the deceosed alive an August 9, 19.65 and that in(my) (aur) apinion	
dent of ospital death) must be	and haur and from the causes stated above. (1) (We) (did) (did not) view the bady after death.	B, DATE SIGNED
hos do do	AA DI Allosding - Mod - Stell -	
ior to	23 C. PHYSICIAN'S NAME (Type)  23 D. ADDRESS	August 9, 1965
A. at prior	Dr. David Curtiss M.D. 4940 Eastern Avenue Bal	
D E	24A. BURIAL CREMATION, REMOVAL (Specily)  24C. NAME of CEMETERY or CREMATORY  Baltimore, Md.	town, ar county) (State)
deceased written a	Burial 8-11-65 Western Cemetery  25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTRAR   25C. FUNERAL DIRECTOR	ADDRESS
Wri	FAUGING St. Racher of Registrate Howard H. Hubbard-4107 Wil	



IMPORTANT

FUNERAL DIRECTOR:

VS 150-REV. 1/1/65



IMPORTANT

DIRECTOR:

FUNERAL

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BIRTH NO.	MEDI	CAL EX	(AMINER'S C	ERTIFICATE OF	DEATH Registe	ered No. 8233
M.E. CASE NO.						
1. NAME OF DE				2. DATE AN	ID HOUR PRONOUNC	
		RRY	SILVER		8/9/	
3. PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	A. STATE	deceosed lived. If ins	titution: residence before odmission) UNTY
FULL NAME OF	(IF NOT IN HOSPITA	AL OR INSTITU	JTION, GIVE STREET	Maryland	1	- Bill DAI
HOSPITAL OR	ADDRESS OR LOCA	TION)		C. CITY OR TOWN (If outside		KU KAL and give township
				Baltimore		1-16
				D. STREET ADDRESS (If rurol,	, give lacotion)	1 1 9
	Sinai He				nlico Rd.	
5. SEX	6. RACE		NEVER MARRIED DIVORCED(specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs Manths, Days, Hours, Min.
male	white		rried	12 24/188	9 115	
				Y 11. BIRTHPLACE (State or foreig	gn country?	12. CITIZEN OF
Cutt	warking life, even if retired)	Clot	hino	Latvia		WHAT COUNTRY?
3. FATHER'S NAM		0.000	77019	14. MOTHER'S MAIDEN NAM	Ε	dori
	Unknown			Unknown		
S. WAS DECEASI	ED EVER IN U.S. ARMED	FORCES?	16. SO CIAL	17. INFORMANT		ADDRESS
	(If yes, give war ar date		SECURITY NO.			
Yes	W. W. 1			Mrs. Frieda Sil	ver- 4526 P.	imlico Road
1B. 4	21.		CAUSI	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEA	SE OR CONDITION DI	RECTLY				
	LEADING TO DEATH		Arteri	osclerotic cardio	ovascular di	Sease
(This does	nat mean the made of asthenio, etc. It means	dying, e.g.,	DUE TO	0004010040094.044	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
injury or co	mplication which coused	de ath.)				
THAT	ANTECENDENT CAUSE					
	OR CONDITIONS, IF A		(B)		**********************	
RISE TO TH	IE ABOVE CAUSE (A) ST		DOE 10			Note that the second
	NG CONDITION LAST.		(C)			
₫	II.					
OTHER SIG	NIFICANT CONDITIONS					The Manager of the Control of the Co
TO THE	DEATH BUT NOT REI	ATED TO T				
OTHER SIGNOTHER			WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES. WERF FI	NDINGS CONSIDERED
0	WAS PER				IN CERTIFYING CAU	
Z 21 A. EXTERNA	L CAUSE WAS	218	PLACE OF INITIDY (a.a.	in or about 21C, WHERE DID	(If in Boltimera City at	ive exact location)
UNDERLYING	OR CONTRIB-	home	, farm, factory, street,	office bldg., INJURY OCCUR?	sommore only, gi	THE EXOCITOCONOM
<u> </u>	ISE OF DEATH.	etc.)		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
21D TIME	(Month) (Doy) (Year	(Hour) 2	TE. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
OF INJURY		V		WHILE		
22.		m. V	VORK L AT W	ORK		
	tify that I held an I	nquiry 🗌	Inspection Au	topsy and that an th	is basis, death In r	ny apinion
resu	ited from: Natural car	ses Y	Accident Suicid	e Homicide	Undetermined mann	er
4			1	CHIEF MEDICAL EX		
ACTUA	L MO		/ (/			DATE SIGNED
SIGNAT		LINIG	M.D			
EXAMIN			1/ >	ASSOCIATE MEDICAL E	XAMINER	8/10/65
NAME (		II. Spit	z. M.D.			
23A, BURFAL CRE REMOVAL (Specif		23	C. NAME OF CEMETERY	CREMATORY 23D. L	OCATION (City	, town, or county) (Stote)
Burial	8/11/6	5	Bnai Israel	R	saltimore, M	aruland
24A. DATE REC'D			OF REGISTRAR	24C. FUNERAL DIRECTOR	l International	ADDRESS
ALIC 4	1 1055 0 0	ACT	1. 11.00	The second second second	TO SERVE	
HUG I	1 1965 Rober	A 5' 45	Ludenmin	Sol Levinson &	Bros Inc. 6	010 Reisterstown
VS 151-REV. 1/1/	<sup>7</sup> 65	1 12	A. L. II	0 7 8 1 9		

Tribut Elect Self-I reitram : Sens for mility lines freezages tell

Housewife

At Home

Elliott Rosenheim

USA

theim Baila

Mrs. Evelyn Goldman 3610 Glen Avenue

11

	E CASE NO.				TE OF DEATH	AND HOUR OF DEAT				
(Ту	pe or Print)	Cha	rles H. Ra	iftery		8/10/6	103			
3.	PLACE OF DEA	TH IN BALTIM	ORE, MARYLAND		4. USUAL RESIDENCE (W	here deceased lived, If	institution; residence before adm			
	FULL NAME OF	(If not in	haspital ar institution,	give street	Maryland	ŕ	2513			
	HOSPITAL OR	oddress	or location)				e RURAL and give township)			
и,	A				Baltimore	(If rural, give location)				
10	) ,	Oro Tan	3-1- C1-							
=		.253 Lig		, NEVER MARRIED	1515 Pata		It Under 1 Yr., If Under 2			
	Male	White	WIDOWI	Single (specify)	Dec. 13, 1888		Months Doys Haurs			
	N. USUAL OCCU			F BUSINESS OR INDUSTR	11. BIRTHPLACE (State or to	areign country)	12. CITIZEN OF WHAT COUNTRY?			
	Labor			Oll Co.	Balto. Mo	l.	USA			
13	FATHER'S NAM	E			14. MOTHER'S MAIDEN N	IAME				
	Patr	ick Rai	ftery		Mary Elle	en Sheridan				
15.	Was Deceased	Ever in U. S. A	Armed Farces? For ar dotes of service)	16. SOCIAL	17. INFORMANT		ADDRESS			
	es # 1	(It yes, give w	or ar dotes of service)	SECURITY NO.	Mrs. Wargaret	Nagel 151	5 Patapsco St.			
-	Tan	2 1		CALISE	OF DEATH		INTERVAL BETWEE			
Г	16		TION DIRECTLY			, 0	ONSET AND DEA			
		LEADING TO		(1)	'in an or ~	1 from				
	(This does no	I mean the	made of dying, e.g. It means the disease	, 000 10	2660 PA TI 602 602 TA 00 00 00 00 00 00 00 00 00 00 00 00 00	······································				
			n caused death.)	,						
	A	NTECEDENT	CAUSES	(B)		*****************************	004000000000000000000000000000000000000			
	DISEASES O	R CONDITIO	NS, if any, giving							
	rise to the obove couse (A) stating the (C)									
	SHOEKEIING		1031,							
Z			ITIONS CONTRIBUTION							
ATION	TO THE DE		IOT RELATED TO T							
FIC		OPERATION T	19B. CONDITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes ar	No. 208. IF YES, WER	E FINDINGS CONSIDERED			
CERTIFIC	0									
	OR CONTRIBUTE	T WAS UNDE	RLYING 21 E OF ho	B. PLACE OF INJURY (e.g., me, form, foctory, street,	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltim	are City, give exact location)			
CAL C	DEATH (notify	medical examin	ner) etc	c.)						
dined be	21D. TIME OF INJURY	(Month) (Doy		E INJURY OCCURRED	21 F. HOW DID I	NJURY OCCUR?				
0	(APPROX.)		W	hile At What What Work	le 🗌					
MEDIC	22. I cartify	that (1) (this		the deceased from	Om	19 C 5 to	ang 10 196			
Q	-as a committy	(1) (11113		1. 11 1	1		pinion death occurred on t			
Q	that (1) (me)	lost sour the	GOCGOSEG OIIVE ON.	J			prinon death occurred on t			
0	that (I) (we)			ond hour and from the couses stoted above. (1) (We) (did) (did not) view the body ofter death.						
Q	ond hour and	from the cou		(1) (We) (did) (did not)	view the body ofter deat	n.	ISSE DATE SIGNED			
0		from the cou					23B. DATE SIGNED			
0	ond hour and	from the cou			rending Med. Director		8/10/6,			
0	ond hour and	from the country of			mending Med.  Director  23D. ADDRESS	Stoff Phys.	8/10/6,			
WED	23C. PHYSICIAN NAME (Ty	from the country of t			mending Med.  Director  23D. ADDRESS		23B. DATE, SIGNED 8/10/6,-			
WED	ond hour and 23A. SIGNATUR 23C. PHYSICIAN NAME (Ty A. BURIAL CREM	from the country of t	TDO 40 DATE 24C.N		rending Amed.  Director  23D. ADDRESS  1278 S. Co	Stoff Phys	8/10/6,-			
WEDI	23C. PHYSICIAN NAME (Ty	from the country of t	ases stoted obove.	M.D. AIPh	rending A Med. pirector  23D. ADDRESS  1278 S. Co  REMATORY 24D.	Stoff Phys	8/10/6, - L. Balto. 30, (City, town, or county)			
24	23A. SIGNATUI 23A. SIGNATUI 23C. PHYSICIAN NAME (Ty A. BURIAL CREM REMOVAL (S	from the country of t	2 D 0 40 DATE   24C. N	M.D. AIPh	rending A Med. pirector  23D. ADDRESS  1278 S. Co  REMATORY 24D.	Stoff Phys.   Lake St. LOCATION (Balto. M.	8/10/6, - L. Balta. 30, (City, town, or county)			

Caled Anneral Direct. This was a house Call.

wa ted at e.... 

BIRTH NO. M.E. CASE NO. 1. NAME OF DECEASED

FULL NAME OF HOSPITAL OR INSTITUTION

5. SEX

CERTIFICATION

MEDICAL

21D TIME

OF INJURY

(APPROX.)

22.

male

BALTIMORE CITY HEALTH DEPARTMENT

CAUSE

Arteriscl

DUE TO

(B)

(C)...

21 B. PLACE OF INJURY (e.g., in home, form, foctory, street, office

RAYMOND H. SULLIVAN

7. MARRIED, NEVER MARRIED

WIDOWED, DIVORCED (specify)

16. SOCIAL SECURITY NO.

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

6. RACE

white

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no orunknown), (If yes, give wor or dotes of service)

DISEASE OR CONDITION DIRECTLY

ANTECENDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE

11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE

9A. DATE OF OPERATION 119B. CONDITION FOR WHICH OPERATION WAS PERFORMED

(Yeor)

UNDERLYING CONDITION LAST.

DISEASE OR CONDITION CAUSING IT.

(Month) (Doy)

238. DAT

21A, EXTERNAL CAUSE WAS

UTING CAUSE OF DEATH.

LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

IOA. USUAL OCCUPATION (Give kind of work TOB. done during most of working life, even if retired)

St. Agnes Hospital

MEDICAL EXAMINER'S CEI

RTIFICATE OF	DEATH Register	red No.	8303	
2. DATE AN	D HOUR PRONOUNCE		:17 a.	
. USUAL RESIDENCE (Where	deceosed lived. If insti	tution: resider	ce before odr	M. nission)
Maryland  C. CITY OR TOWN (If outside	e corporote limits, write		give township	00
Baltimore D. STREET ADDRESS (If rurol,	21228	> <	5300	)
138 N Sv	mington Ave.			
12/10/06	9. AGE (In years lost birthdox)	If Under 1	Yr. If Under	24 Hrs. Min.
. BIRTHPLACE (State or foreign	n country)	12. CITIZEN WHAT	OF COUNTRY?	
MOTHER'S MAIDEN NAM	14.	10	. 5 ,	
HATTLE B	URKHOL	DE O ADDRESS		2.3
o MRS. M	ILORED	SULL	IVA	1
F DEATH		IN		WEEN
erotic cardiova	scular disea	ase		
***************************************				
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	1000 AF WEG AVEGE FIN			*********
20A. AUTOPSY? (Yes or No)	IN CERTIFYING CAUS			
or about 21C. WHERE DID ce bldg., INJURY OCCUR?	(If in Boltimore City, giv	e exoct loco	tion)	
21F. HOW DID INJU	JRY OCCUR?			
	is basis, death In m Indetermined manne			

(Hour) 21E. INJURY OCCURRED WHILE AT NOT WI I certify that I held an Inquiry Inspection X Autop resulted from: Natural causes X Accident Suicide ASSISTANT MEDICAL EXAMINER X ASSOCIATE MEDICAL EXAMINER Spatz. Werner U. 23C. NAME of CEMETERY of CREMATORY 248 NAME OF REGISTRAR

23D. LOCATION

(City, town, or county)

8/8/65

24C. FUNERAL DIRECTOR

CHIEF MEDICAL EXAMINER

ADDRESS

(Stote)

DATE SIGNED

VS 151-REV. 1/1/65

ACTUAL

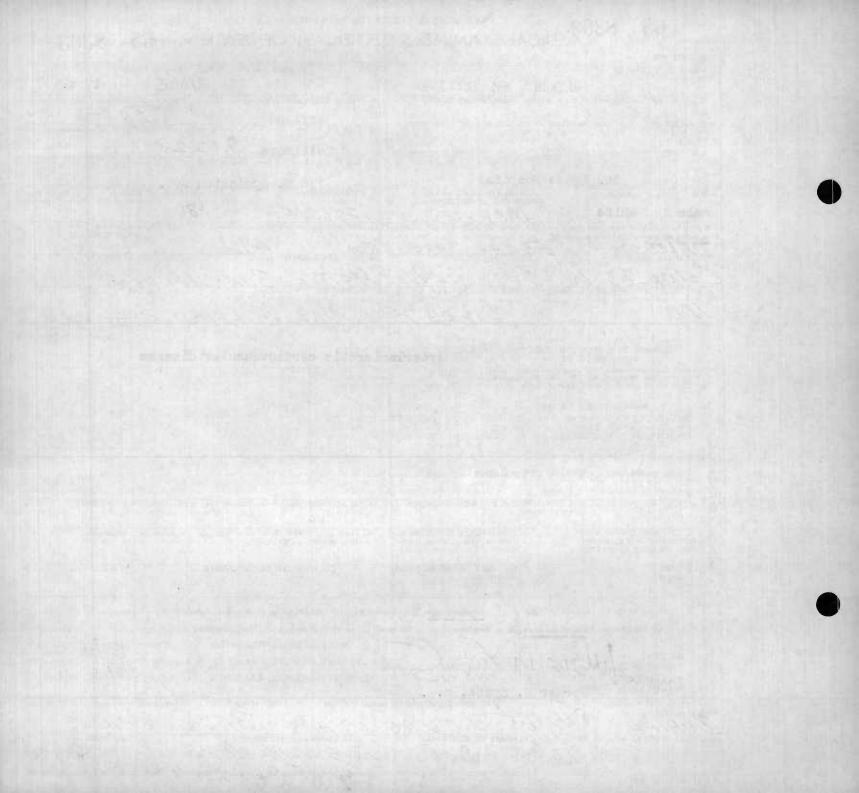
23A, BURIAL CREMATION.

REMOVAL (Specify)

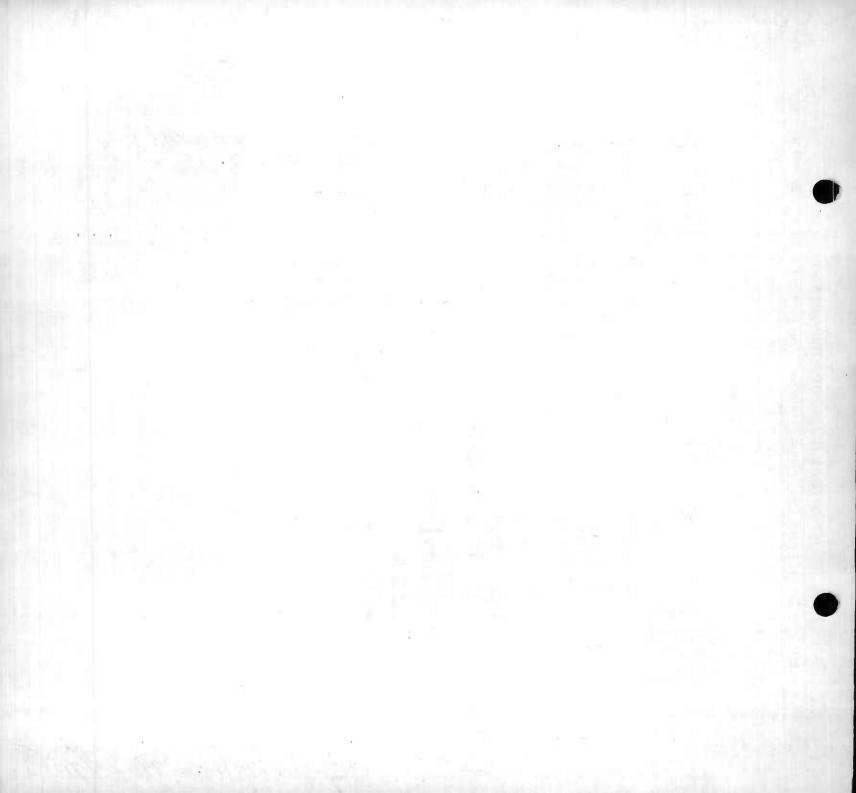
SIGNATURE.

EXAMINER'S NAME (Type)

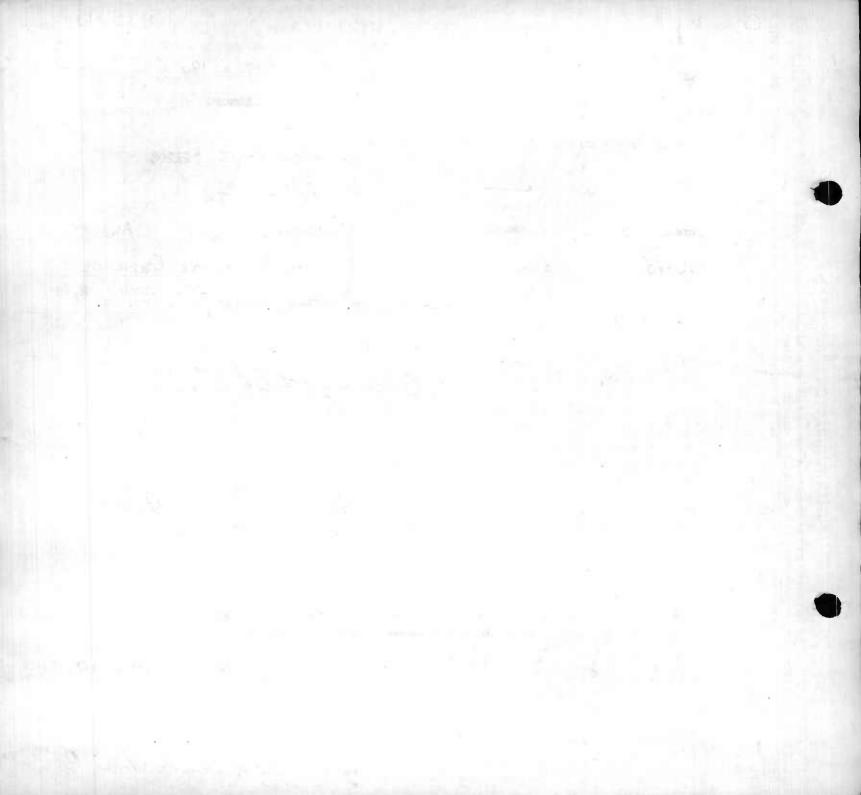
24A. DATE REC'D BY HEALTH DEPT.



(Type or	OF DECEA		NE			AUGUST 8- 1965	In I
3. PLACI		H IN BALTIMORE, M			4. USUAL RESIDEN		institution: residence before ode
HOSPI	NAME OF	(If not in hospite oddress or locot	ol or institution	n, give street	MD.	BALTIMORE	e RURAL and give township)
INSTIT	UTION	•			BALTIMORE	th outside city minis, with	e KOKAL one give lownsmp/
421	2 PARI	KMONT AVE.			1,212 PARK		
5. SEX	-	RACE WHITE	WIDOW	D, NEVER MARRIED VED, DIVORCED (specify) OWED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under Months Doys Hours
		ATION (Give kind of working life, even if retired		OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?
	EWIFE	ranny me, even m refired		ME	HINTON.	WEST VIRGINIA	U.S.A.
	ERS NAME	TI TIL			14. MOTHER'S MAIL	DEN NAME	0.00
JOHN	RUDO	BPH LANE			ADA GI	LL	
15. Wos I	unkno wn)[(	ver in U. S. Armed F	orces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
NC		If yes, give wor or do		232-14-8078	GERALDIN	E PERSINGER 272	5 MELBOURNE
injur	y or compl	sthenio, etc. II meor licalion which couse NTECEDENT CAUSI	ed deoth.)	(B) (B) (C)	hewseles	euryeur of the	
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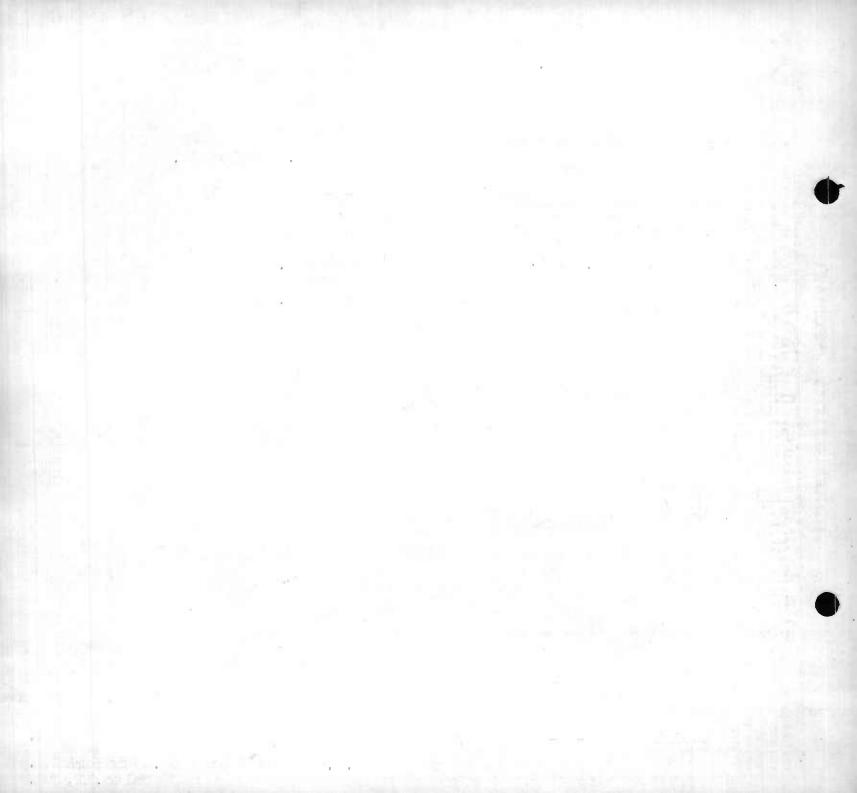
	E CASE NO.	EASED A	300	,	ATE OF D	2. DATE AND HOUR OF DE	ATH
		thel Ac	ines \	leise	114 1101141 0551	Aug 10	19651 6:5
3.	PLACE OF DE	ATH IN BALTIMORE,	MARYLAND		A. STATE	DENCE (Where deceased lived. B. COUNTY	
VI	FULL NAME C	OF (If not in hospi address or loca	tol or institution,	givo stroet	C CITY OR TO	Baltimore .	PILEAL and give township
	INSTITUTION	0.			Pikesv	ille	53-00
	luion '	Memoria	& Host	pital .	D. STREET ADD		
5	SEX	6. RACE	T AAABBIED	D, NEVER MARRIED	B. DATE OF BIR	elem Court 12	
	F	W	WIDOWE	D, DIVORCED (specify)	4/24	1/92 lost birthdoys 73	If Under 1 Yr. If Un Months Doys Hours
		working life, even if retire		F BUSINESS OR INDUSTR			12. CITIZEN OF WHAT COUNTRY?
10	Homema		•		Isalti	Maryland Maryland	Amer.
13.	FATHERS NAM		4 5/				
16	Georg	d Ever in U. S. Armed	lallonse	1 6. SOCIAL	Belin 17. INFORMANI	da Gertruda	e Garaner Address
(Ye	s,no or unknown	n) (If yes, give wor or	dotos of service)	SECURITY NO.	#	170 son F. Veise Bal	1 Thornbury Roa
	Vlo			216-01-5755	Rev. Nel	son F. Veise Bal	umore, Md. 9
	18. 4 2	01/		CAUSE	OF DEATH		ONSET AND
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	(This does n	nal meon the made		(A) /CC	My	000000	
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	injury or con	mplicalian which cous	sed death.)	(00	Pag Bag	the fall or	10
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	UNDERLYING	G CONDITION last.					
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MEDICAL CERTIFIC	OTHER SIGNI TO THE D DISEASE OR 19 A. DATE OF 21 A. A CCIDE! OR CONTRIBU DEATH (notify) 21 D. TIME OF INJURY (APPROX.) 22. 1 certify that (we) and haur and 23 A. SIGNATU 23 C. PHYSICIA NAME (T	INTERPRETATION CAUSIN FOPERATION 198. CONDITION CAUSIN FOPERATION 198. CWAS I WAS I	G (T. ONDITION FOR PERFORMED  G (Hour) 211 W (Wital) attended assed alive on  stated abave. (	B. PLACE OF INJURY (o.g., me, form, foctory, street,)  E. INJURY OCCURRED hile A! No! Wilder he deceased from M.D. Application of CEMETERY of C	in or about 21 C. Wooffice bldg INJUR 21 F. H hile	OW DID INJURY OCCUR?  19 5 ta ond that In (10) (our)  Ifter death.  Acd. Stoff Phys. 24D. LOCATION	opinian deoth occurred of Aug. (O)
MEDICAL CERTIFIC	OTHER SIGNI TO THE D DISEASE OR 19A. DATE OF 21A. ACCIDE OR CONTRIBU DEATH (notify) 21D. TIME OF INJURY (APPROX.) 22. 1 certify that (we) and haur and 23A. SIGNATU 23C. PHYSICIA NAME (T	INFICANT CONDITIONS DEATH BUT NOT R CONDITION CAUSIN F OPERATION 198. C WAS I  INT WAS UNDERLYING UTING CAUSE OF y medical exomines)  (Month) (Day) (Ye  (Month) (Day) (Ye  AN'S Type)  EMATION, 248. DATE (Specify) 8/13/	G (T. ONDITION FOR PERFORMED  G (Hour) 211 W. W. (Hour) 211 (W. W. (Hour) 211 (W. W. (Hour) 211 (W. (Hour) 211	B. PLACE OF INJURY (o.g., me, form, foctory, street,)  E. INJURY OCCURRED hile At Work  the deceased fram  (1) (We) (did) (did not)  M.D. Application of Cemetery of Cemeters of Cemetery of Cemeters of Cemet	in or obout 21 C. Wo office bldg. INJUR 21 F. H title	OW DID INJURY OCCUR?  1965 ta ond that In ( our)  Infer death.  Add. Stoff Phys. Director Phys. 124D. LOCATION  Pikesville,	opinian deoth occurred o
MEDICAL CERTIFIC	OTHER SIGNITO THE D DISEASE OR  19A. DATE OF  21A. ACCIDE OR CONTRIBL DEATH (notify  21D. TIME OF INJURY (APPROX.)  22. 1 certify that (we) and haur and 23A. SIGNATU  23C. PHYSICIA NAME (T  A. BURIAL CRE REMOVAL ( BUTIA)  A. DATE REC'D	INTERPRETATION CAUSIN FOPERATION 198. CONDITION CAUSIN FOPERATION 198. CONDITION	G (T. ONDITION FOR PERFORMED  G (Hour) 211  W (Wital) attended assed alive on  stated abave. (1965) 24C. N	B. PLACE OF INJURY (o.g., me, form, foctory, street,)  E. INJURY OCCURRED hile A! No! Wind with at work the deceased from	in or obout 21 C. Wo office bldg. INJUR 21 F. H title	OW DID INJURY OCCUR?  19 5 ta ond that In (10) (our)  Ifter death.  Acd. Stoff Phys. 24D. LOCATION	opinian deoth occurred o
MEDICAL CERTIFIC	OTHER SIGNI TO THE D DISEASE OR 19A. DATE OF 21A. ACCIDE OR CONTRIBU DEATH (notify) 21D. TIME OF INJURY (APPROX.) 22. 1 certify that (we) and haur and 23A. SIGNATU 23C. PHYSICIA NAME (T	INFICANT CONDITIONS DEATH BUT NOT R CONDITION CAUSIN F OPERATION 198. C WAS I  INT WAS UNDERLYING UTING CAUSE OF y medical exomines)  (Month) (Day) (Ye  (Month) (Day) (Ye  AN'S Type)  EMATION, 248. DATE (Specify) 8/13/	G (T. ONDITION FOR PERFORMED  G (Hour) 211  W (Wital) attended assed alive on  stated abave. (1965) 24C. N	B. PLACE OF INJURY (o.g., me, form, foctory, street,)  E. INJURY OCCURRED hile At Work  the deceased fram  (1) (We) (did) (did not)  M.D. Application of Cemetery of Cemeters of Cemetery of Cemeters of Cemet	in or obout 21 C. Wo office bldg. INJUR 21 F. H title	OW DID INJURY OCCUR?  1965 ta ond that In ( our)  Infer death.  Add. Stoff Phys. Director Phys. 124D. LOCATION  Pikesville,	opinian deoth occurred of Aug. (O)



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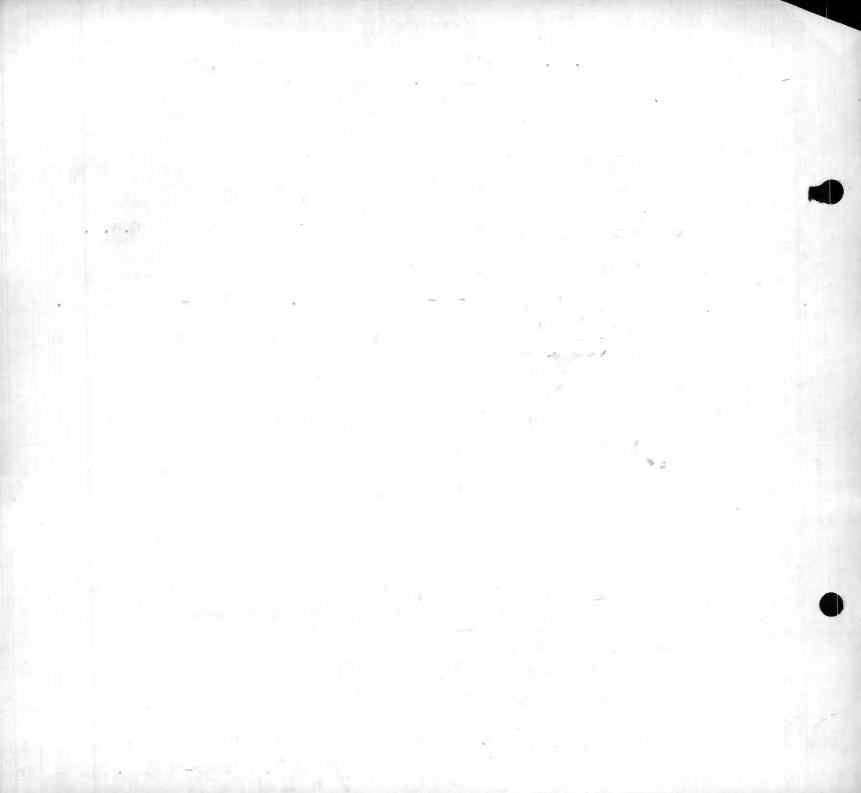


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FUNERAL DIRECTOR:

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT



VS 150-REV. 1/1/65

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BIRTH NO.		ICAL EXA	MINER'S C	ERTIFICAT	E OF DE	ATH Regis	tered Na		
M.E. CASE NO.			Out wat 14		2. DATE AND	HOUR PRONOUN	CED DEAD		
(Type or Print)		HERINE Or	Quintilia OUINTILIA	this .				1	-
3. PLACE IN BA	ALTIMORE, MARYLAND, W			4. USUAL RESIDE	8-8- NCE (Where dec	ceosed lived. If in	stitution: resi	dence beloie or	dmi s sic
FULL NAME O	F (IF NOT IN HOSPIT	OF INSTITUTO	N CIVE STREET	Mary1			SUNTY 3	alto	
HOSPITAL OR	ADDRESS OR LOCA	ATION)	N, GIVE SIREEI	C. CITY OR TOW	'N (If outside c	orporote limits, wr	rite RURAL o	nd give lownsh	tip)
				Balti			0	3000	
20	HNS HOPKINS HO	OSPITAL		D. STREET ADDR					
5. SEX	6. RACE	7. MARRIED, NEV	ER MARRIED	B. DATE OF BIRTH		Avenue	s If Unde	r 1 Yı, If Under	24 H
Female	White	WIDO WED, DIVE	PRCED(specify)			lost birthdoy	Months	Doys   Hours	Min
	CUPATION (Give kind of wor	Marrie		December			12. CITIZ	EN OF	1
done during most	of working life, even if retired)							T COUNTRY?	
13. FATHER'S N	ylor Shop	46.3	Maker	14. MOTHER'S MA	imore. M	3	- 04	S.A.	
	Anthony One	mata.			man Pana	-			
	ASED EVER IN U.S. ARMER	D FORCES? 16.	SOCIAL SECURITY NO.	17. INFORMANT	nna Broc	U UB	ADDRES	S	
No	winti yes, give wor or don		5-03-7053	Roseanna	Dann and	angen 2/	20 1JR mai	laca Da	1121
18.	DE V		, , , , , , ,	E OF DEATH	mphotor	erger zaz	SO METHE	INTERVAL BE	
DISE	ASE OR CONDITION D	IDECTI V					10	ONSET AND	OEATI
RISE TO UNDERL	ANTECENDENT CAUS S OR CONDITIONS, IF A THE ABOVE CAUSE (A) S YING CONDITION LAST.  II IGNIFICANT CONDITIONS	ANY, GIVING TATING THE	(B) DUE TO		, 4				
H DISEASE	OR CONDITION CAUSING		********************						
19A. DATE	OF OPERATION 198. COP	NDITION FOR WHI	CH OPERATION	20A. AUTOPSY?	IN	B. IF YES, WERE CERTIFYING CA			
O UNDERLYIN	NAL CAUSE WAS G□OR CONTRIB- AUSE OF DEATH.	21 B. PLA home, fo etc.)	CE OF INJURY (e.g., m, foctory, street,	in or about 21C. W office bldg., INJURY	HERE DID (IF I	n Boltimore City,		ocation)	
21 D TIME OF INJURY (APPROX.)	(Month) (Doy) (Yed	(Hour) 21 E. WHIL	E AT NOT	WHILE WORK	W DID INJURY	OCCUR?	1655)		
22.	ertify that I held an	Inquiry   In	spection Au	stapsy X and	that an this	basis, death in	mv opinio	n	
	sulted from:) Natural co		dent Suicio			determined man			
	/ V	1	1	- /	DICAL EXAM				
ACTU		UV	Veel	SSISTANT ME		-		DATE SIG	NED
	TURE WINER'S			ASSOCIATE ME				8-9-65	
NAME	(Type) PETER	W. RIECKE					100		
23A, BURIAL C REMOVAL (Spe			AME of CEMETERY		23 D. LOC	ATION (Ci	ty, town, or	соипту) (	(Stote)
Buria	Aug 1	1 1965 Gar	rdens of Fa	ith Cemete	ary Trum	ns Mill I	Road	Md	
	D BY HEALTH DEPT.	24B, NAME OF	REGISTRAR	24C. FUNERA	L DIRECTOR			ADDRESS	
AUG	17 1200 (66	es E. Fai	year in	Dippel	Brother	s Inc 711	10 Bels	dr Road	

VS 151-REV. 1/1/65

Dippel Brothers Inc 7110 Belair Road

Marriage - - December 5 1916 - 46

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Anthony Chorato

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Ave II 1965 Gerbang of Petro-Consum Prime Bill Bard

Brook Brothers Inc 7710 Labely By-d

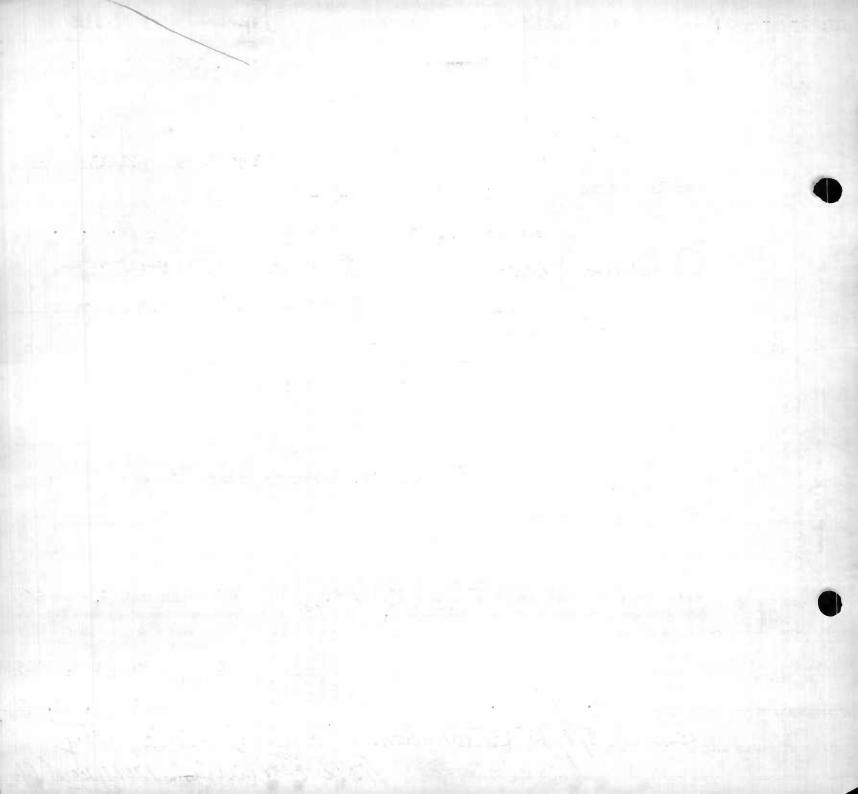
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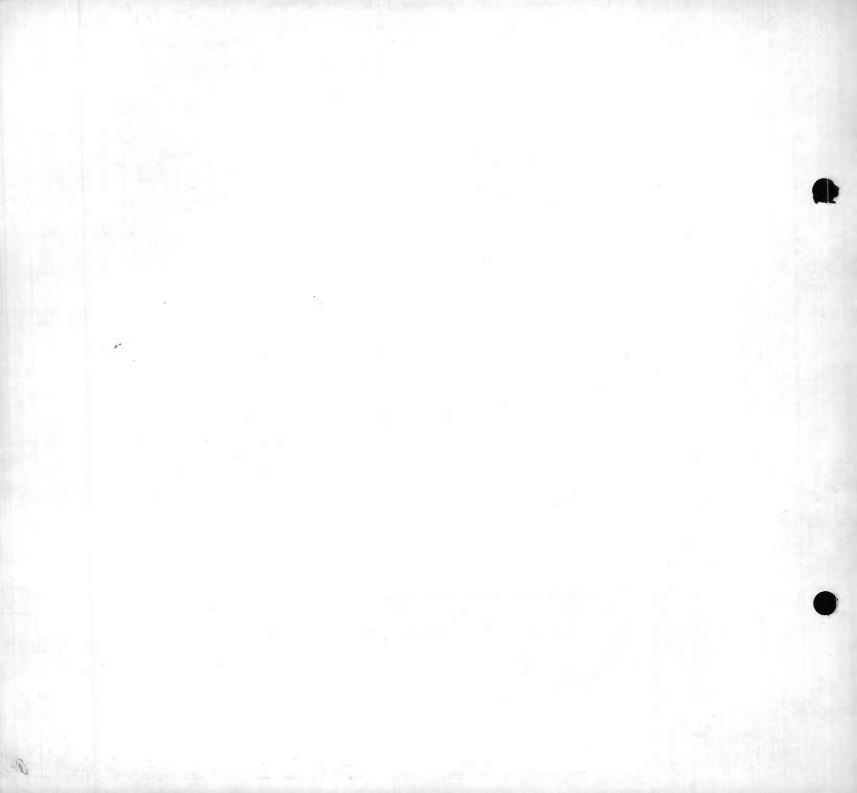
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DIRECTOR:

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VS 150-REV. 1/1/65

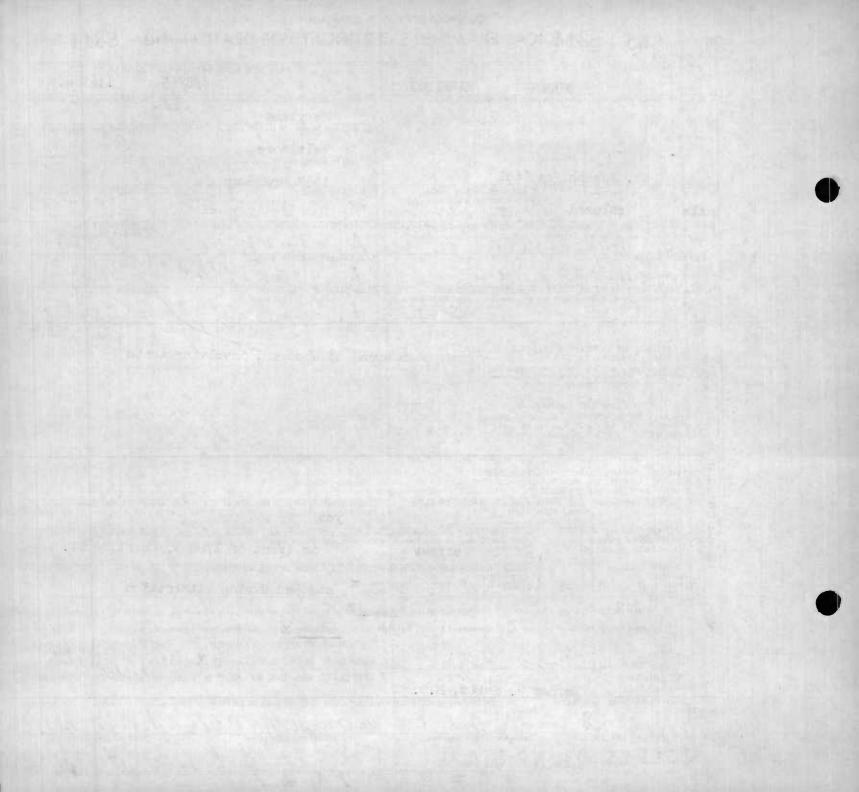
BALTIMORE CITY HEALTH DEPARTMENT

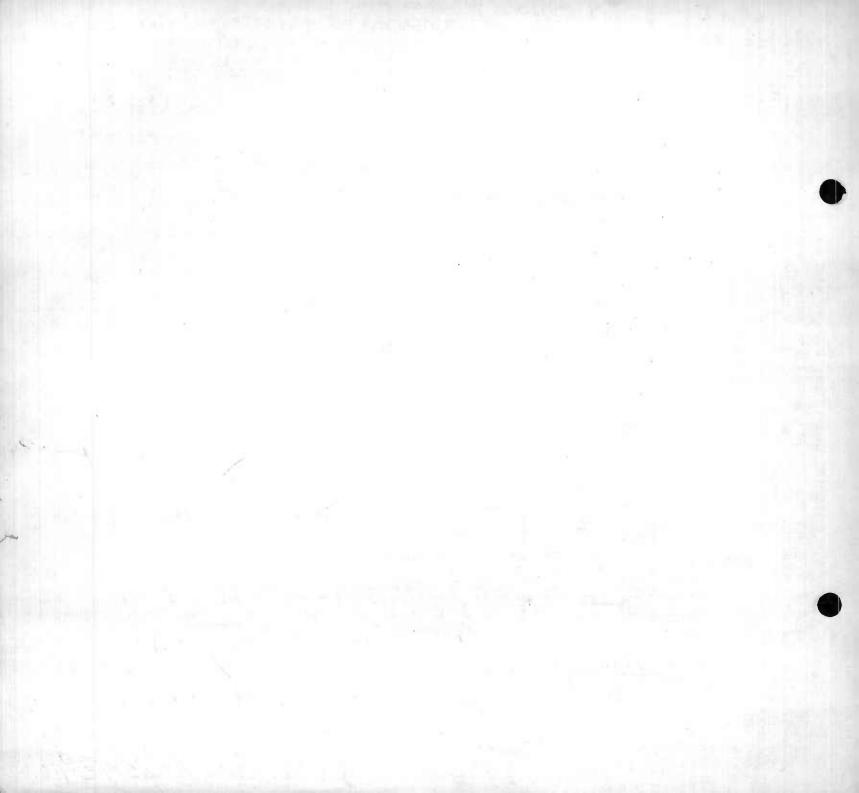


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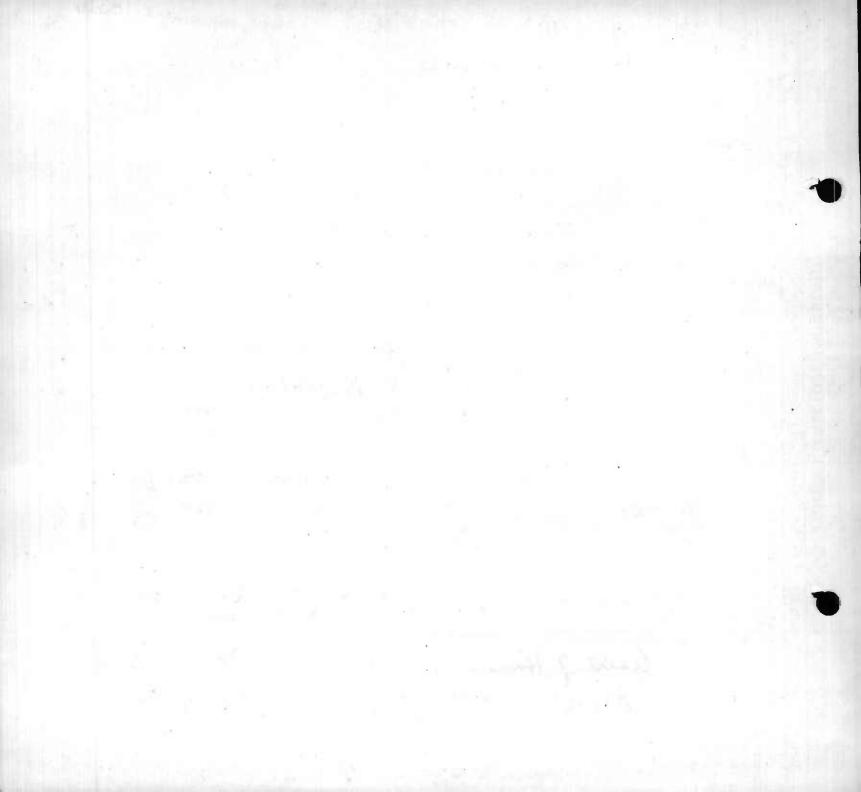
## BIRTH NO. 65 83MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 8314

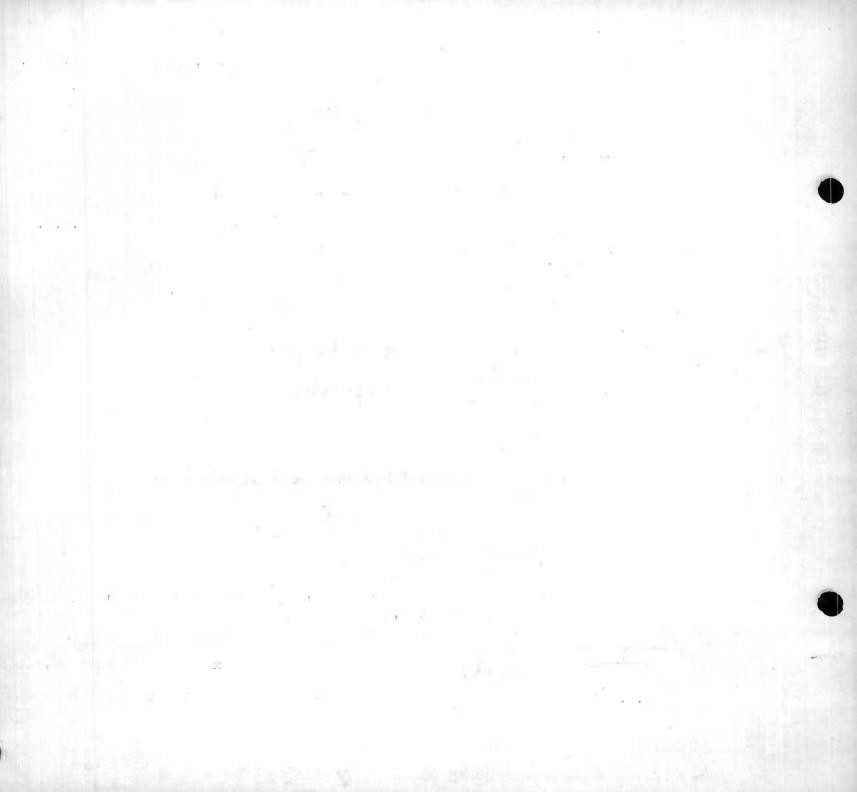
M.E. CASE NO.	
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR PRONOUNCED DEAD
EUGENE HARRISON	8/8/65 1:49 a.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence befare admission)  A. STATE  B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Maryland  C. CITY OR TOWN (If autside carparate limits, write RURAL and give township)
INSTITUTION	Baltimore
<i>Y</i> /	D. STREET ADDRESS (If rurol, give location)
St. Joseph Hospital 5. SEX   6. RACE   7. MARRIED, NEVER MARRIED	Is DATE OF BIRTH S. AGE (In years . If Under 1 Yr. If Under 24 Hzs.
5. SEX   6. RACE   7. MARRIED, NEVER MARRIED   WIDOWED, DIVORCED (specify)   5   7   8   8   8   8   8   8   8   8   8	B. DATE OF BIRTH  9. AGE (In yeors If Under 1 Yr. If Under 24 Hrs. Manths, Doys Hours, Min.
dane during mast of working life, even if retired)	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL	17. INFORMANT ADDRESS
(Yes, no arunknawn) (If yes, give war ar dotes af service)  SECURITY NO.	LOUISE GILMORE 204 HERRINS
18. CAUSE	OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
LEADING TO DEATH  (This does not mean the made of dying, e.g.,  DUE TO	ound of abdomen, involving aorta
(This daes not mean the made of dying, e.g., DUE TO heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
ANTECENDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
UNDERLYING CONDITION LAST.	
(C)	
OF THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	
DISEASE OR CONDITION CAUSING IT.	20A, AUTOPSY? (Yes at No.) [20B, IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED	yes IN CERTIFYING CAUSES OF DEATH?
ZIA, EXTERNAL CAUSE WAS 21B, PLACE OF INJURY (e.g., UNDERLYING TO CONTRIB-	in or about 21C, WHERE DID (If in Baltimare City, give exact lacotion)
UTING CAUSE OF DEATH. etc.) street	in front of 1700 N. Carotthe Sc.
OF INJURY	21F. HOW DID INJURY OCCUR?
22.	stabbed during altercation
I certify that I held on Inquiry Inspection Aut	ond that on this basis, death in my opinion
resulted from: Notural couses Accident Suicide	
ACTUAL SIGNATURE MANNE M. O.	ASSISTANT MEDICAL EXAMINER
EXAMINER'S NAME (Type) Werner U. Spitz, M.D.	ASSOCIATE MEDICAL EXAMINER 8/8/65
23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY of	r CREMATORY 23D. LOCATION (City, town, or county) (State)
REMOVAL (Specify)  BURIA   8-12-65 MT. CAI  24A. DATE REC'D BY HEALTH DEPT.   24B. NAME OF REGISTRAR	UARXCEM. ANN ARUNDELCO. MD.
AUG 11 1965 Role & Farley M.	Doseph It Locke h 13047. Estul
VS 151-REV. 1/1/65	07/8/97



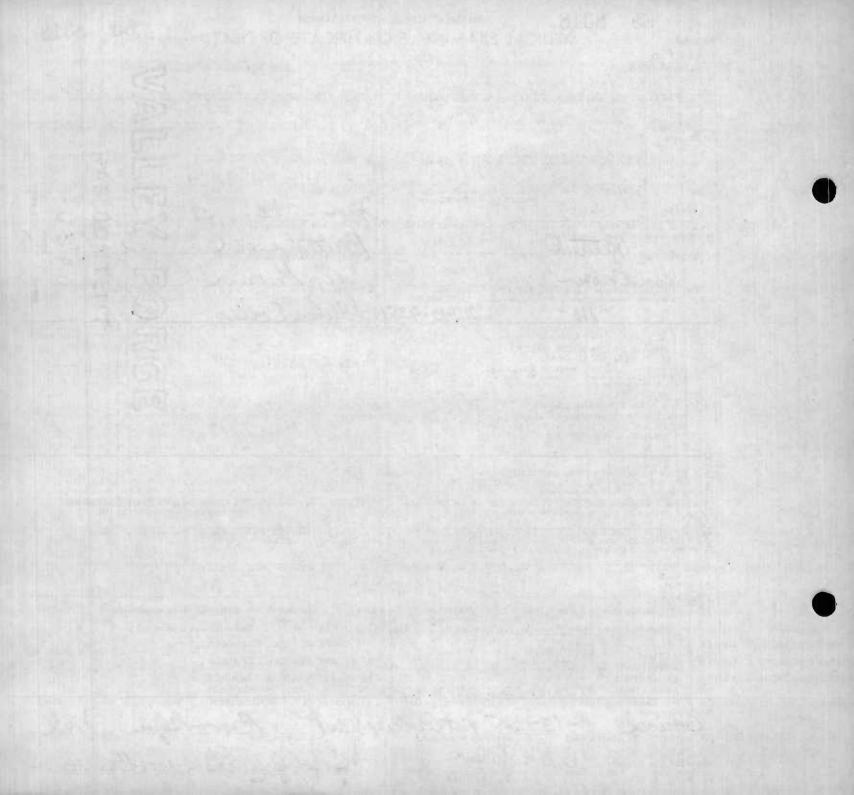


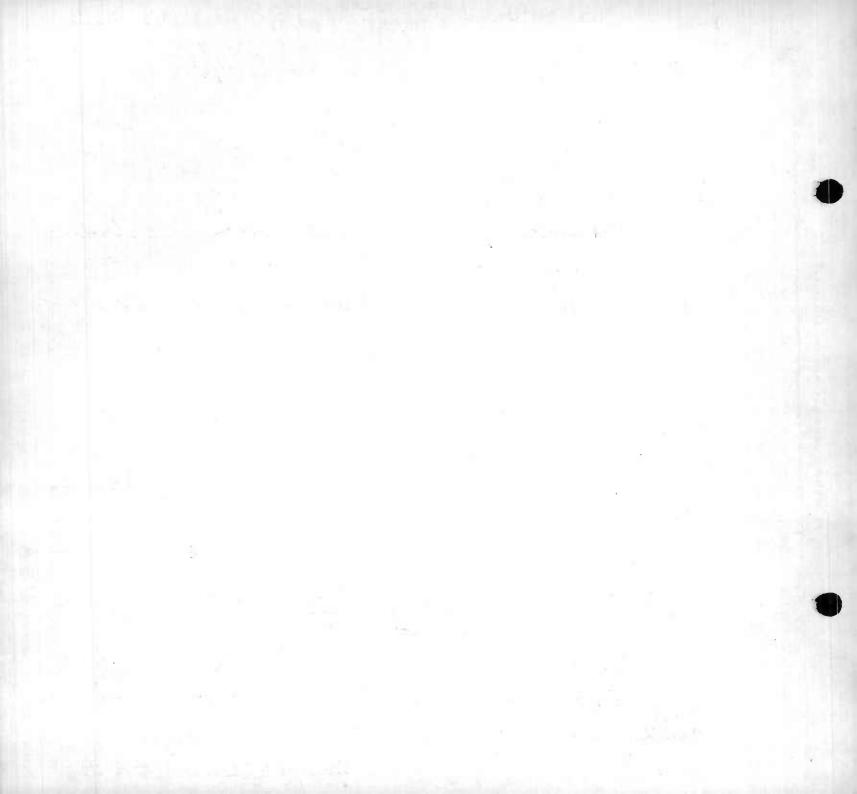
BALTIMORE CITY HEALTH DEPARTMENT





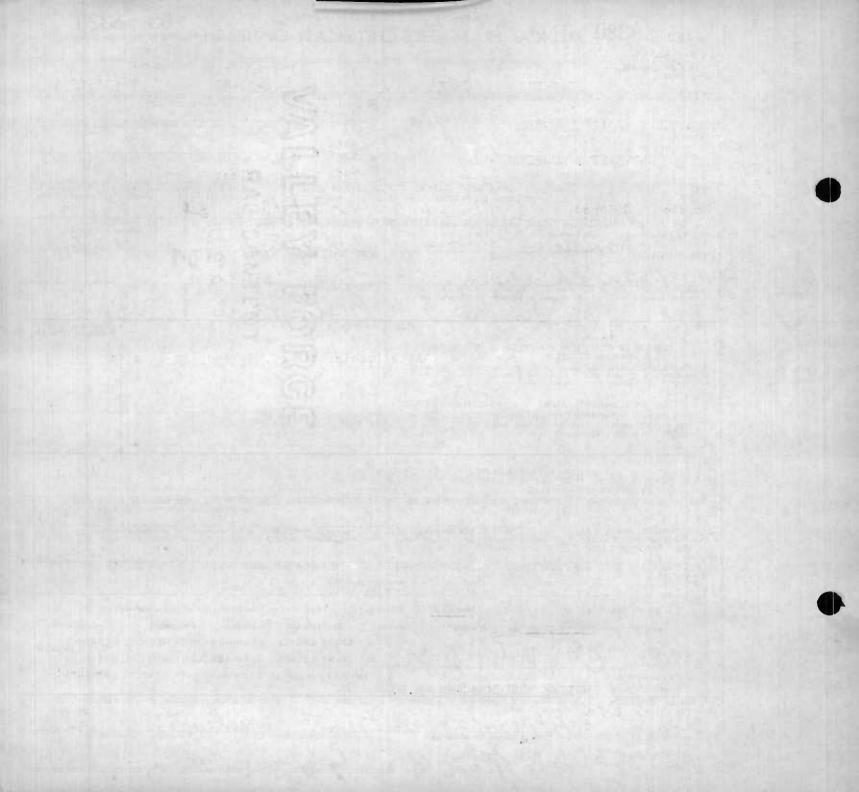
65 8318 BALTIMORE CITY HEAL	TH DEPARTMENT
	ERTIFICATE OF DEATH Registered No. 8318
M.E. CASE NO.	
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR PRONOUNCED DEAD
PERCY CARMACH	8-9-65 8:35 A M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Maryland C. CITY OR TOWN (If autside carparate limits, write RURAL and give township)
CHURCH HOME AND HOSPITAL - DOA	D. STREET ADDRESS (If rural, give location)
5. SEX   6. RACE   7. MARRIED, NEVER MARRIED	523 S. Caroline Street   B. DATE OF BIRTH   9. AGE (In years   If Under 1 Yr, If Under 24 Hrs.
Male Colored WIDOWED, DIVORCED(specify)	B. DATE OF BIRTH  9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Days Hours Min.
TIOA, USUAL OCCUPATION (Give kind of work TOB, KIND OF BUSINESS OR INDUSTRY dane during most of working-life, even il religed)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
unknow	In Empres
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no ar unknown), (If yes, give war ar dates of service)  SECURITY NO.	17.TNFORMANT ADDRESS
112-12-9351	Stille Kolles Same
18. CAUSE	OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
(This does not mean the mode of dying, e.g.,	chogenic carcinoma
heart failure, osthenio, etc. It means the disease, injury or complication which caused death.)	
ANTECENDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
UNDERLYING CONDITION LAST.	
9	
OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	
198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes at No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
UNDERLYING OR CONTRIB- hame, farm, foctory, street,	in ar about 21C. WHERE DID (If in Baltimare City, give exact lacotion)
UTING CAUSE OF DEATH.  21D TIME (Manth) (Doy) (Year) (Haur) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m. WORK AT W	WHILE ORK
22. I certify that I held on Inquiry Inspection X Aut	topsy and that on this basis, death in my opinian
resulted from: Notural couses X Accident Suicid	e Homicide Undetermined monner
ACTUAL ALLA X	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE M.D.	ASSISTANT MEDICAL EXAMINER
EXAMINER'S NAME (Type) PETER W. RIECKERT, M.D.	ASSOCIATE MEDICAL EXAMINER X 8-9-65
23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY of	OF CREMATORY 23D. LOCATION (City, town, or county) (Stote)
Buried 8-13-1965 net Cahan	y Cent Brooklyn mel
AUG 11 1965 P. D. of E. Falkuma	24C. FUNERAL DIRECTOR ADDRESS
VS 151-REV. 1/1/65	1 July D. Wilso - 1000 Deantyle





BALTIMORE CIT	V HEALTH	DEDAD	<b>TMENI</b>

BALTIMORE CITY HEA	
BIRTH NO.5 832U MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH Registered No.
M.E. CASE NO.	
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR PRONOUNCED DEAD
BEATRICE CHAPMAN	8-11-65   12:25 A A
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. STATE
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give lownship)
INSTITUTION CONTRACTOR	~ (-)
UNIVERSITY HOSPITAL - DOA	D. STREET ADDRESS (If rurol, give locotion)
	2328 Nevada Street
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH  9. AGE (In yeors   If Under 1 Yr. If Under 24 H    Months   Doys   Hours   Min
Female Colored WIDOWED, DIVORCED (specify)	Hpn. 3, 1913 52
10A. USUAL OCCUPATION (Give kind of work TOB. KIND OF BUSINESS OR INDUST	RY 11. BATHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
done during most of working lite, even if retired)	lateral protoco ne la SA
13. FATHER'S NAME	14. MOTHER'S MAJDEN NAME
more Charman	Auer Collins
15. WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yes, no or unknown), (If yes, give war or dotes of service)  SECURITY NO.	17. INFORMANT ADDRESS
NA.	Clare more Same
18. 42.2 1 CAUS	SE OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEAT
LEADING TO DEATH Arte	riosclerotic cardiovascular disease
(This does not mean the mode of dying e.g., heart foliure, esthenia, etc. It means the disease, injury or complication which coused death.)	
ANTECENDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING  DUE TO	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  DISEASE OR CONDITION CONDITION FOR WHICH OPERATION WAS PERFORMED	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING IT.	20A. AUTOPSY? (Yes or No)   208, IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
₹ 21A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g.	NO , in or about 21C. WHERE DID (If in Boltimore City, give exact location)
21A. EXTERNAL CAUSE WAS UNDERLYING □ OR CONTRIB- UTING □ CAUSE OF DEATH.  21B. PLACE OF INJURY (e.g., home, form, foctory, sheet, etc.)	office bidg. NJURY OCCUR?
ZID TIME (Month) (Doy) (Year) (Hour) 218, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
OF INTURY	MHILE T
(APPROX.) WHILE AT NOT NOT AT 22.	WORK
	utopsy and that on this basis, death in my apinion
resulted from: Natural couses X Accident Suici	de Homicide Undetermined monner
Mante ()	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE SIGNATURE	D. ASSISTANT MEDICAL EXAMINER K
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER 8-11-65
NAME (Type) / RUDIGER BREITENECKER, M.D.	or CREMATORY 23D LOCATION (City, town, or county) (Stote)
REMOVAL (Specify)	1 + 0 + 16 1 + no
Bunal 8-14-1965 Chocowin	ity cent Waskington of Ce
24A, DATE REC'D BY HEALTH DEPT.	24C. FUNERAL DIRECTOR ADDRESS
AUG 11 1965 Robert & tasker Mill	Lawlobels of Honer
VC 151 PEV 1/1/46	



SAB-43-50-87	Bi R	TH NO.	35 65 8	321	CERTIFICA			Registered No.	5 8324		
and eath ased the Such		E CASE NO.	EASED	OWIL	CERTIFICA	IL OI		NO HOUR OF DEATH			
f de con	(Type or Print) Chamlette Condon							0 0 1065	12:30	) P <sub>M</sub> .	
Q 0 0 to	CERTIFICATE AMENDED						4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission A. STATE  B. CDUNTY				
		HOSPITAL OR INSTITUTION _	oddress of loco	tion)		c. city	ryland		URAL and give township)		
d in a ng cause; cause; ior to	21	Baltimore City Hospitals					53-00				
					D. STREET ADDRESS (If rurol, give locotion) 4109 Old North Point Road 21222				222		
sistant if death occur the direct or contrib kind; (4) Undetermin death was in regul nce on the deceased	5. : F	emal e	White	7. MARRIED WIDOWE WIC	D, NEVER MARRIED D, DIVORCED (specify)	11-1	3-1387	9. AGE (In years lost birthdoy)	Months Doys Hours	er 24 Hrs. Min.	
		10A. USUAL OCCUPATION Give kind of work 10B. KIND OF BUSINESS OR INDUSTR					PLACE (State or fore Italy	12. CITIZEN OF WHAT COUNTRY?  Italy			
	13.	FATHER'S NAM	ME			14. MOTH	IER'S MAIDEN NA	ME	1		
			George 2	Zolla		Libra Zolla					
	10.		Ever in U. S. Armed		1 6. SOCIAL SECURITY NO.	17. INFOR	MANT		ADDRESS		
			, , , , , , , , , , , , , , , , , , ,		Seconiii No.	Records: BCH-4940 East			ern Avenue 21224		
APOR his as so, if of any unced		DISEASE OR CONDITION DIRECTLY			F DEATH		•	INTERVAL BETV			
: IMI: r or hi . Also, ure of onoun		LEADING TO DEATH (This does not meen the mode of dying, e.g., DUE TD				neumonia			3 days	, 4	
OR: I	E	injury or cam	osthenio, etc. It meo aplication which cous ANTECEDENT CAUS	ed death.)	Pul	monar	ry Edema		3 days		
DIRECTOR: ical examiner al examiner. is; (3) A fractu cian who pro as in regular		DISEASES C	DR CONDITIONS, is above cause (AG CONDITION lost.	fony, giving	DUE TO Digi	talis	s Toxicit	<b>y</b>	5 days		
= 0 = = = =	Z	TO THE D	FICANT CONDITIONS EATH BUT NOT RE CONDITION CAUSING	ELATED TO TE							
FUNERAL by a medi by a medi by bury by bury e the phys ore the rem	ERTIFICA	19 A. DATE OF	OPERATION 198. CO		WHICH OPERATION	20 A. A	UTOPSY? (Yes or No	208, IF YES, WERE F	INDINGS CONSIDERED		
=======================================	AL C	21A. ACCIDEN OR CONTRIBLE DEATH (notily	NT WAS UNDERLYING JTING CAUSE OF medicol exominer)	hor etc	B. PLACE OF INJURY (e.g., in me, farm, loctory, street, of	n or obout 2 ffice bldg., I	NO 21C. WHERE DID INJURY OCCUR?	(If in Boltimore	City, give exact location)		
ed b acture pt v (6)	-	21 D. TIME OF INJURY (APPRDX)	(Month) (Doy) (Yes	w	E. INJURY OCCURRED  hile At Not While At Work	• [	21F. HOW DID INJ	URY OCCUR?			
prov the tany n (exce		22. I certify	that (1) (this hospi	tal) attended	the deceased fram	8_1	<b>La</b>	19 .6.5 ta	8-8-	, 65 .	
to a do		that (I) (we)	last saw the decea	sed alive an	(I) (We) (did) (did nat) v	19_	65 and th		ian death accurred an	the date	
must be eleased ccident I hospit to deat		23A. SIGNATU		lh		ending 🗀	Med, Director	Stolf Phys.	8-8-1965	1,000	
0 . 0 >		23C. PHYSICIA NAME (T	vne)	Rathbun		23D. ADDR 4940			ltimore,Mar	yland	
certificat sody was 75. (1) An 60.0.A. at assed prio	90	BURIAL CREATE OF SURIAL CREATER SURI	MATION, 24B. DATE Specily) 8-12-		ant Carmel Cem				y, town, or county) , Pennsylvani	(Stote)	
This cert the body shows: (1 was D.O decease	25/		RY HEALTH DEPT.		OF REGISTRAR	25C. F	UNERAL DIRECTOR		ADDRESS  1kens Avenue		
		150-REV. 1/1/6		1	300	Tiowa	8 3 5	Data TIO7 WI			

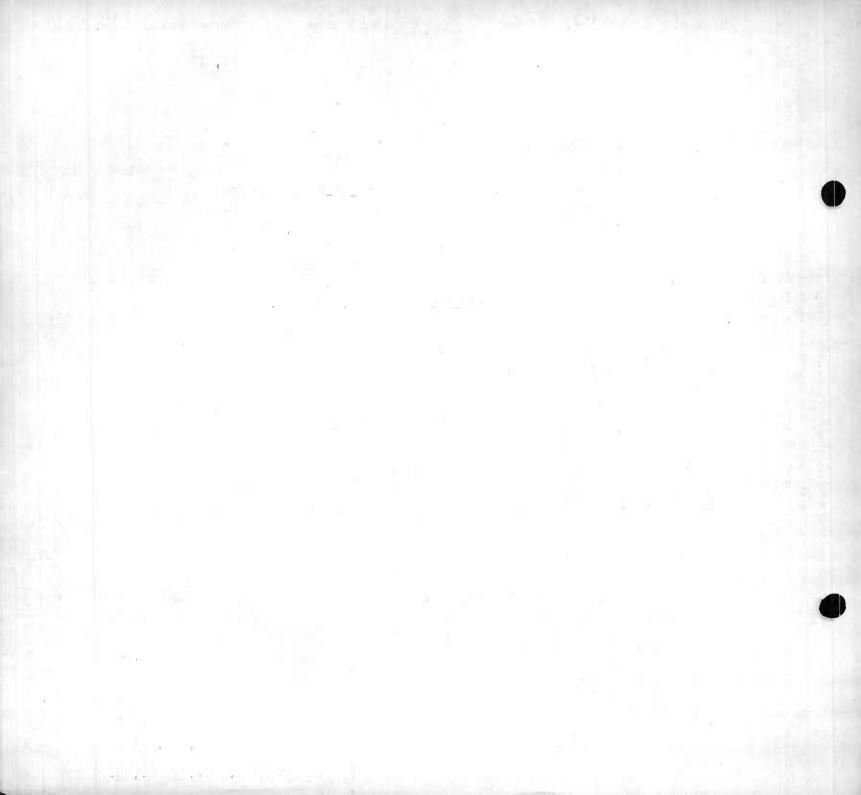
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BALTIMORE	CITY	<b>HEALTH</b>	DEPARTMENT
DUFILLING	CIT I	LIEVELLI	DELVELMENT

IRTH NO.	MED	ICAL EXAMINER'S	LEKTIFICATE OF	DEATH Registe	red/No.
. NAME OF DE	CEASED		2. DATE AN	D HOUR PRONOUNC	ED DEAD
Type or Print)	AUG	GUSTA V. JORDAN		8/7/6	
. PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where	deceosed lived. If inst	itution: residence before odmissio
ULL NAME OF	(IF NOT IN HOSPITA	AL OR INSTITUTION, GIVE STREET	Maryland		
OSPITAL OR	ADDRESS OR LOCA	TION)	C. CITY OR TOWN (If outside	le corporote limits, write	RURAL ond give township)
			Baltimore		1100
	1307 S. Car	sev St	D. STREET ADDRESS (If rurol,	, give locotion)	
. SEX	6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF SINTH	arey St.	If Under 1 Yr, If Under 24 H
female	white	WIDOWED, DIVORCED(specify) Widow	12-23-85	lost bightay)	Months Doys Hours Min.
	UPATION (Give kind of work working life, even if refired)	TOR KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or foreig	gn country)	12. CITIZEN OF WHAT COUNTRY?
one during most of	working lite, even it retired/	Standard Oil Co.	Maryland		WHAT COUNTRY!
A FATHER'S NAM	AE		14. MOTHER'S MAIDEN NAM	E	
	John L. Herbe		Theresa	J.	
	D EVER IN U.S. ARMED		17. INFORMANT		ADDRESS
No			Mrs. Catherine	Daly-1918 G	riffiss Ave-2123
1B.	22,1	CAU	SE OF DEATH		INTERVAL BETWEEN
RISE TO THUNDERLYI	OR CONDITIONS, IF A LE ABOVE CAUSE (A) STANG CONDITION LAST.  II NIFICANT CONDITIONS DEATH BUT NOT REIR CONDITION CAUSING	CONTRIBUTING			
		DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FILL IN CERTIFYING CAUS	
UNDERLYING	L CAUSE WAS  OR CONTRIB- ISE OF DEATH.	21B. PLACE OF INJURY (e.g. home, form, foctory, street, etc.)		(If in Boltimore City, gi	ve exoct location)
21 D TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeor		WHILE WORK	URY OCCUR?	
	tify that I held an I			is basis, death in n	
resu	ted fram: Natural car	Suici	de Hamicide	Undetermined mann	er 🗌
ACTUA SIGNAT	URE HALLAN	a la Tritis	CHIEF MEDICAL EX	CAMINER	DATE SIGNED
EXAMIN NAME (	Type	Chita N.D	ASSOCIATE MEDICAL EX	XAMINER	8/8/65
BA, BURIAL CRE	MATION, 23B. DATE	Spitz M. D.	or CREMATORY 23D. L	OCATION Balto	town of county) (Stote)
Burial	8-11-6			901 Taylor A	venue, Balto.,Me
AUG 1	1 1965 P.O.	24B, NAME OF REGISTRAR	24C. FUNERAL DIRECTOR		ADDRESS Wilkens Avenue-2
S 151-REV. 1/1/		1 9 /	09036		

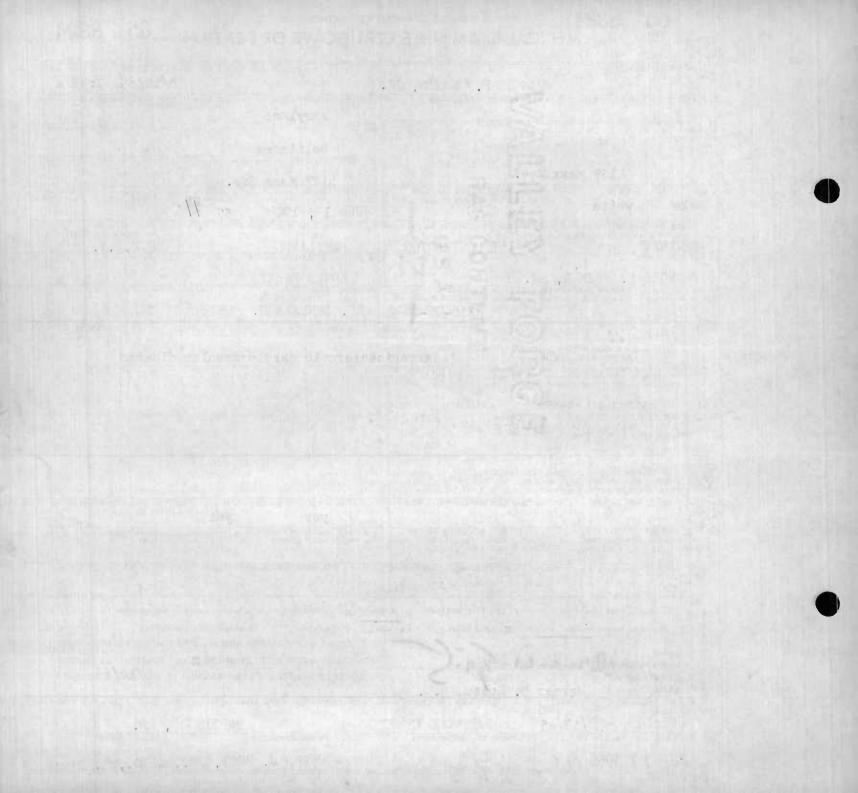
STATE OF THE PART AND ASSESSED.

the Such	BIRTH NO. M.E. CASE NO.  CERTI	TICKTE OF DEATH	.65 8323
0 =	(Type or Print)  ANTHONY W. HODEK	2. DATE AND HOUR OF DEAT AUGUST 10, 1965	
₽ o ₹	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If	institution: residence before admission)
ance deat	FULL NAME OF (If not in hospital or institution, give street	MD.	31-13
	HOSPITAL OR oddress or location) INSTITUTION	C. CITY OR TOWN (If outside city limits, write	RURAL ond give township)
attend ior to	OLOC WINDOW AVENUE	BALTO.  D. STREET ADDRESS (If rurol, give location)	
- E-2-	3436 KENYON AVENUE	3436 KENYON AVENUE	
dagade	5. SEX 6. RACE 7. MARRIED, NEVER MARRIE	D B. DATE OF BIRTH 9. AGE (In years	II Under 1 Yr. If Under 24 Hrs. Months: Days Hours Min.
regul regul sased is ma	MALE WHITE WIDOWED, DIVORCED (SP	11-23-1899   65	Months Days Hours Min.
n is	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR IN	NDUSTRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
de i	RETIRED PAINTER	BALTIMORE, MARYLAND	USA
was the sposif	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
al dispe	WENCESLAUS HODEK	JOSEPHINE SOLER	
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (II yes, give wor or dotes of service)  16. SOCIAL SECURITY N	17. INFORMANT	ADDRESS
tina	216-10-88		SAME
0	I Sal Y	AUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Caronove of Karyn	3 merel.
	(A) (This does not mean the mode of dying, e.g.,	E TO	a year.
	heorl foilure, osthenio, etc. It meons the diseose, injury or complicotion which coused deoth.)	/	/
3	ANTECEDENT CAUSES (8)	E TO	
	DISEASES OR CONDITIONS, if ony, giving		
	UNDERLYING CONDITION lost,		
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
	19A DATE OF OPERATION 19B CONDITION FOR WINCH OPERATIO	ON 20A. AUTORSY? (Yes of No) 20B. IF YES, WER	E FINDINGS CONSIDERED
	198 DATE OF OPERATION 1987 CONDITION FOR WHICH OPERATION WAS PERFORMED PRICE OF INJURY OF THE PRICE OF THE	Mile /W	
	OF CONTRIBUTING CAUSE OF Home, form, foctory,	JRY (e.g., in or obout 21 C. WHERE DID (II in Boltim street, office bldg., INJURY OCCUR?	ore City, give exoct location)
	U	MED 215 HOW 215 MILLION ACCUSE	
	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCUP	Not White	) -
	TATOR -	AT WORK	100 10
	22. I certify that (I) (Wie hospital) ottended the deceosed from	om 19 6 10 UL	year 19 bu
	that (I) (wa) lost saw the deceased alive an august	19 0 ond that in (my) (our) a	pinion death occurred on the dote
	ond hour and from the causes stoted obave. (1) (Wel/(did) (dt	to not) view the body offer deoth.	23B, DATE/SIGNED
	7.11 111 30100	A.D. Attending Med. Stell Phys.	8/10/6-
	23C. PHYSICIAN'S	23D. ADDRESS	1//0
	MEININ F. POLEK	M.D. 3603 Belaw Paul	Barto Tal.
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETER	o o o o ject and	City, lown, or county) (State)
	BURIAL 8/13/65 HOLY ROSARY	CEMETERY BALTIMORE N	m
	25A, DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
I	AUG 11 1965 Robert E. Farkund	LEONARD J. RUCK, INC. BA	LTO., MD. 21214
	VS 150-REV. 1/1/65	2 9 7 8 3 7	

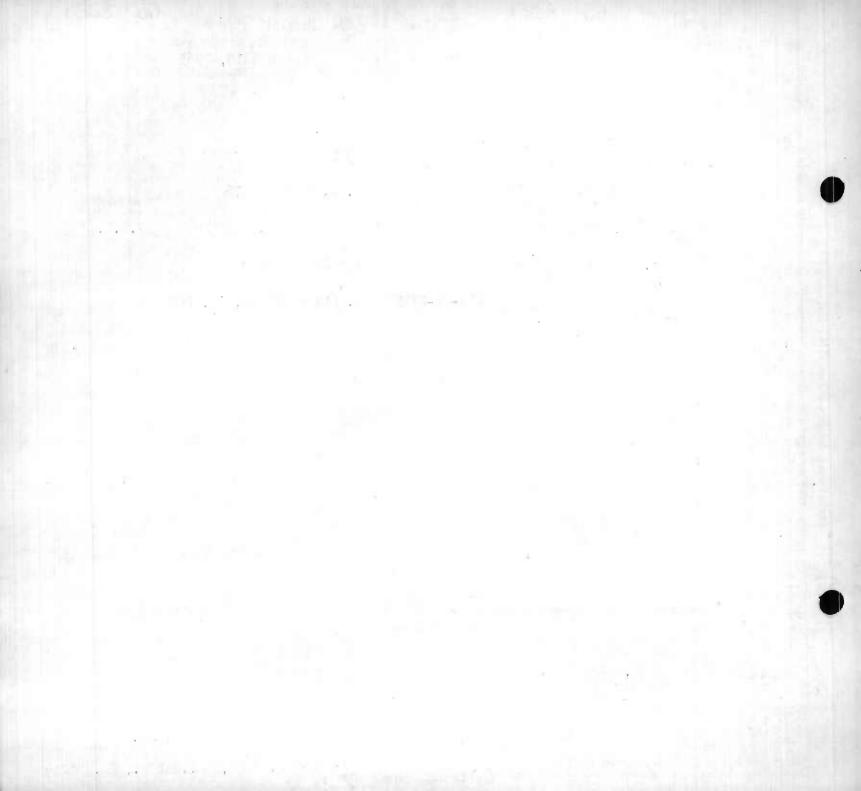


## 8324 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 8324

M.E. CASE NO.								
1. NAME OF DI					2. DATE AND	HOUR PRONOUN		
			FARMER , JR.			8	3/10/65	7:35 a N
3. PLACE IN BAI	LTIMORE, MARYLAND, W (IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITU		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission B. COUNTY  Maryland  C. CITY OR TOWN (Il outside corporate limits, write RURAL and give township)  Baltimore				
	4127 Marx	Ave.			ODRESS (If rural,		1	
5. SEX	6. RACE	7. MARRIED.	NEVER MARRIED	B. DATE OF B	27 Marx A	O ACE Un your	s III Unde	1 Yr, If Under 24 H
male	white	MARRI	DIVORCED (specify)	JUNE 13		57 F7	Months	Days   Hours   Min
			CONTRACTOR	MARY	LAND MAIDEN NAME	country)		EN OF T COUNTRY?
TO A NOT	C IV TO A TO MOTO	מי		A TOTAL	VENTER A CEL CEL			
15. WAS DECEAS	S K. FARMER, S	FORCES?	16. SOCIAL	17. INFORMAN	E FAHEY		ADDRESS	3
	n) (If yes, give wor or dote		SECURITY NO. 216-05-8442		RBARA C.	FARMER	SAME	
1B. /	2211		CAUSE	OF DEATH		100000	UT 4 CO	INTERVAL BETWEEN
DISEASES RISE TO T UN DERLY OTHER SI TO THE DISEASE	not mean the mode of e, astheria, etc. It means amplication which caused ANTECENDENT CAUSI OR CONDITIONS, IF A HE ABOVE CAUSE (A) ING CONDITION LAST.  II GNIFICANT CONDITIONS DEATH BUT NOT RE OR CONDITION CAUSING OF OPERATION 198, CONDITION CAUSING OF OPERATION 198, CONDITION 198, CONDITION CAUSING OF OPERATION 198, CONDITION CAUSING OPERATION CA	check.)  ES  NY, GIVING TATING THE  CONTRIBUTIN LATED TO T	OUE TO  (B)  DUE TO  (C)		PSY? (Yes or No) [2	vascular o	FINDINGS C	
0 2	WAS PER	FORMED		y	es "	N CENTERING CA	USES OF DE	ATH?
UNDERLYING CA	AL CAUSE WAS OOR CONTRIB- USE OF DEATH.	home etc.)	PLACE OF INJURY (e.g., , farm, factory, street, a	lfice bldg., INJU	JRY OCCUR?	in Boltimore City,	give exact l	acation)
OF INJURY (APPROX.)	(Manth) (Day) (Yea	V	VHILE AT NOT VORK		HOM DID INJUI	RY OCCUR?		
	AL TURE All TURE NER'S	u.6	Accident Suicide	CHIEF ASSISTANT		AMINER 🖈		DATE SIGNED
23A, BURIAL CR REMOVAL (Spec BURIA)	EMATION, 23B, DATE (1/y) 8/13/64	5 P	ARKWOOD CEMET	ERY	23D. LO	BALTIMORE		
AUG	1 1 1965 (P.O.	24B. NAME	OF REGISTRAR		NARD J. R	UCK, INC.		MD. 21214
VS 151-REV. 1/1	1/65	7 5	5 5	7	6 3 6			



M.E. CASE NO		CERTIFIC	CATE OF DEATH	Registered Na.	
(Type or Print)	EMORY DEATH IN BALTIMORE, MA	O. TAYLOR	AUGUST	10, 1965	institution; residence before admission
FULL NAM HOSPITAL INSTITUTIO	E OF (If not in hospital OR address or location	or institution, give street 1)	MD.  C. CITY OR TOWN (If outs	Υ	26-02
HARF	ORD GARDENS NUR	RSING HOME	BALTO.  O. STREET ADDRESS (IF IN 1987)  4312 SHAMROCK	aral, give locotion)	
5. SEX MALE	6. RACE	7. MARRIED, NEVER MARRIED WIDQWED, DIVORCED (specify)	B. DATE OF BIRTH 19	AGE (In years ost birthdoy)	If Under 1 Yr. If Under 24 Hr Months Ooys Hours Min.
10A, USUAL O		10B. KIND OF BUSINESS OR INOUS	TRY 11. BIRTHPLACE (Stole or foreign	n country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S			14. MOTHER'S MAIDEN NAM		U.S.A.
15. Wos Deced	M. TAYLOR  osed Ever in U. S. Armed For own of the second		MARY JANE SLORP		Address 7 MATTHEWS DRIVE
heor foil injury or DISEASE:	LEADING TO DEATH es not meen the mode of ure, osthenio, efc. It meons complication which coused  ANTECEDENT CAUSES 5 OR CONDITIONS, if the obove couse (A) VING CONDITION lost.	dying, e.g., OUE TO the disease, deoth.)  (B) OUE TO	Brigocloulie Condir		V
O THER S	GNIFICANT CONDITIONS C DEATH BUT NOT RELA OR CONDITION CAUSING I	TED TO THE			
19A. DATE	OF OPERATION 198. CON	DITION FOR WHICH OPERATION FORMED	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONT	IDENT WAS UNDERLYING RIBUTING CAUSE OF otify medical examiner)	21B. PLACE OF INJURY (e. home, form, foctory, stree etc.)	g., in or obout 21C. WHERE DID t, office bldg., INJURY OCCUR?	(If in Boltimo	re City, give exact location)
21D. TIME OF INJUR (APPROX.)	(Month) (Doy) (Year) Y		21F. HOW DID INJU	RY OCCUR?	
that (I) (	we) last saw the decease	ad alive an	9 19 65 and the	9 6 5 ta t in (my) (bur) ap	Avaul 19 65 pinian death accurred on the do
23A. SIGN	Toy Mis	youmenon M.D.	Attending Med. Phys. Director	Stoff Phys.	8/10/65
23CrPHYS NAM 24A. BURIAL REMOVA	Loy M.	ZIMMENMAN N 24C. NAME OF CEMETERY OF	10. 3202 Harr	CATION (C	Batimere Md. City, lown, or county) (Stole)
BURIA	L 8/13/6	258 NAME OF REGISTRAR	EME TERY WE 25C. FUNERAL DIRECTOR	STMINISTER	, MD.
AUG	11 1965 Rober	DE Manoen	LEONARD J. R	UCK. TNC. B	ALTOL, MD. 21214



IMPORTAN

DIRECTOR:

FUNERAL

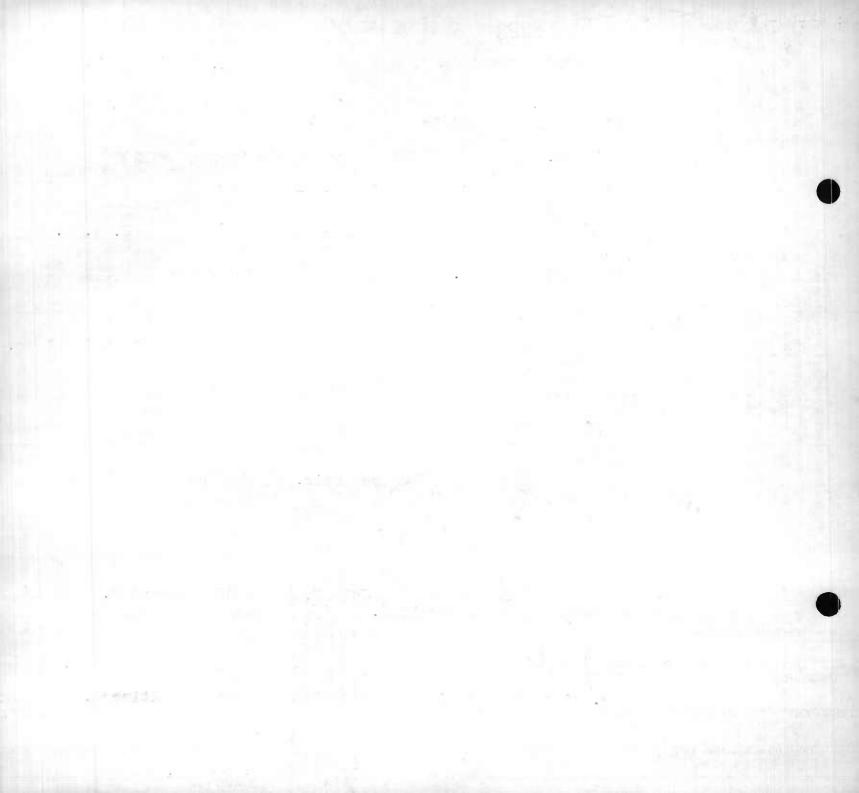
BALTIMORE CITY HEALTH DEPARTMENT

SHAPL OF 115 O in the Hope of The will be the 25 60-18-8 M R. R. ongloops. Mary Marior 机大油等幅 Denterry Church Home & Hory

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

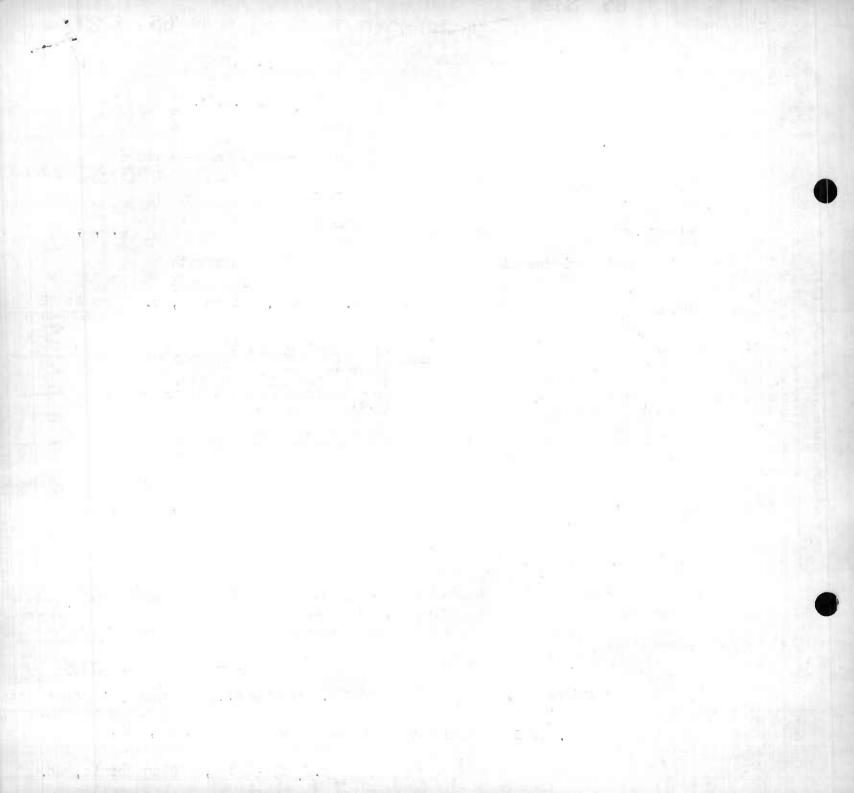
Just mod CF Diarriad General Hopel Baltimere Baltman Marchal 4130 Mary Duc 58 E8/11/83 82 Webster Parsons the Statement Witherman 1/2 20 0/4 J. Stephen Mangle Abriland Comen Hospital



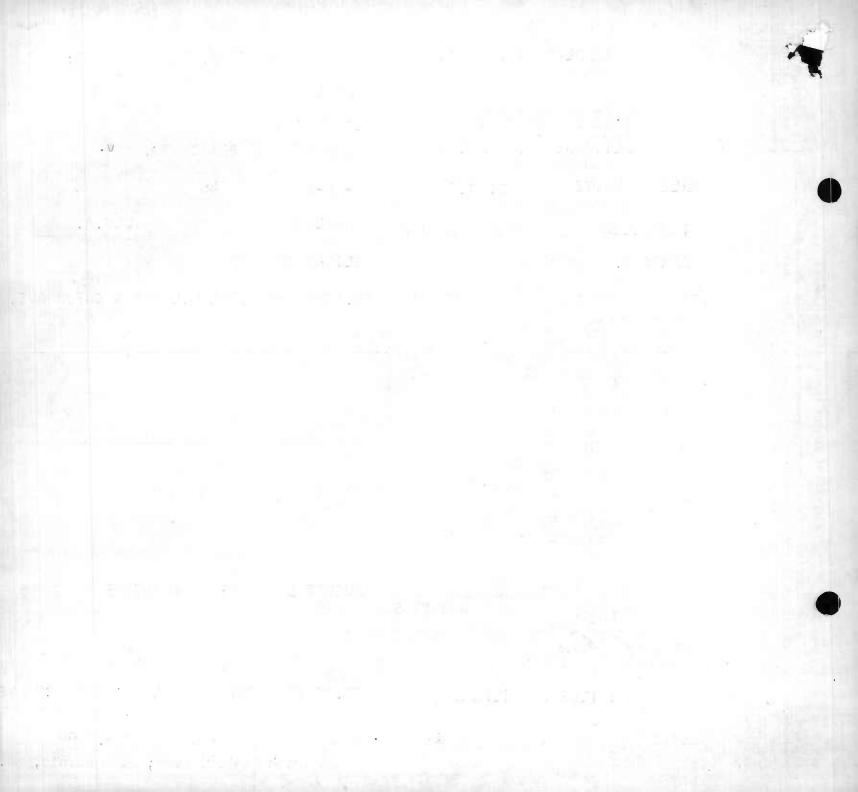
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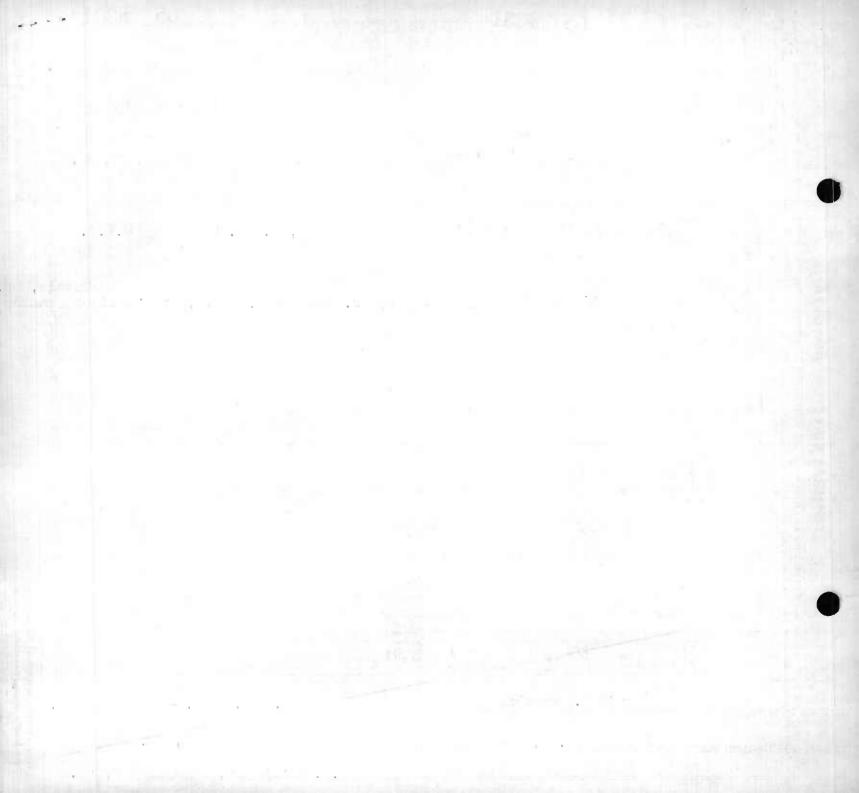
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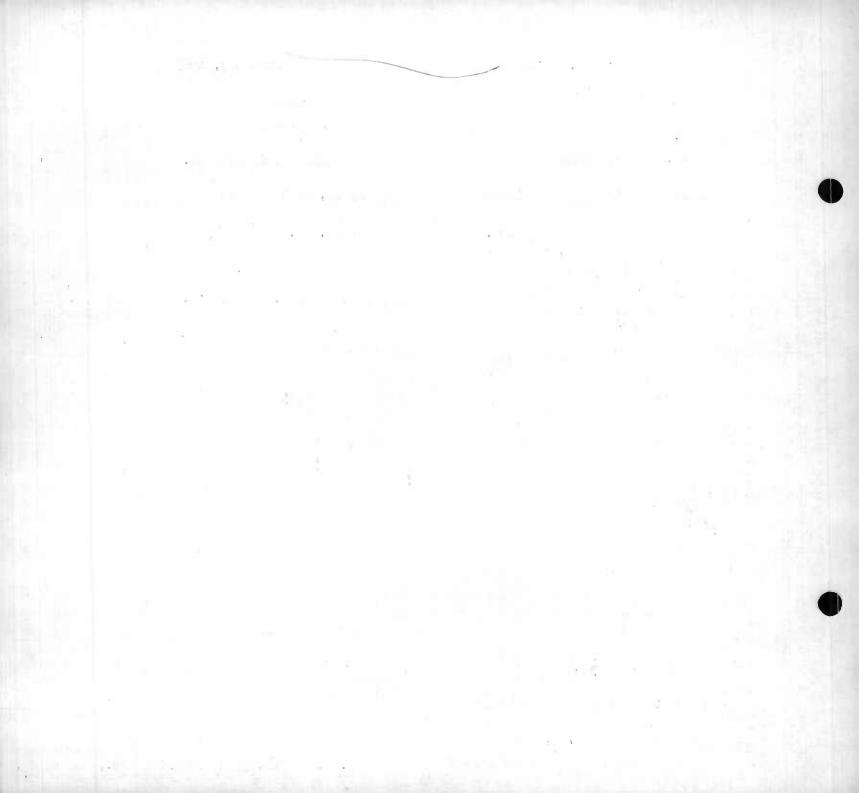




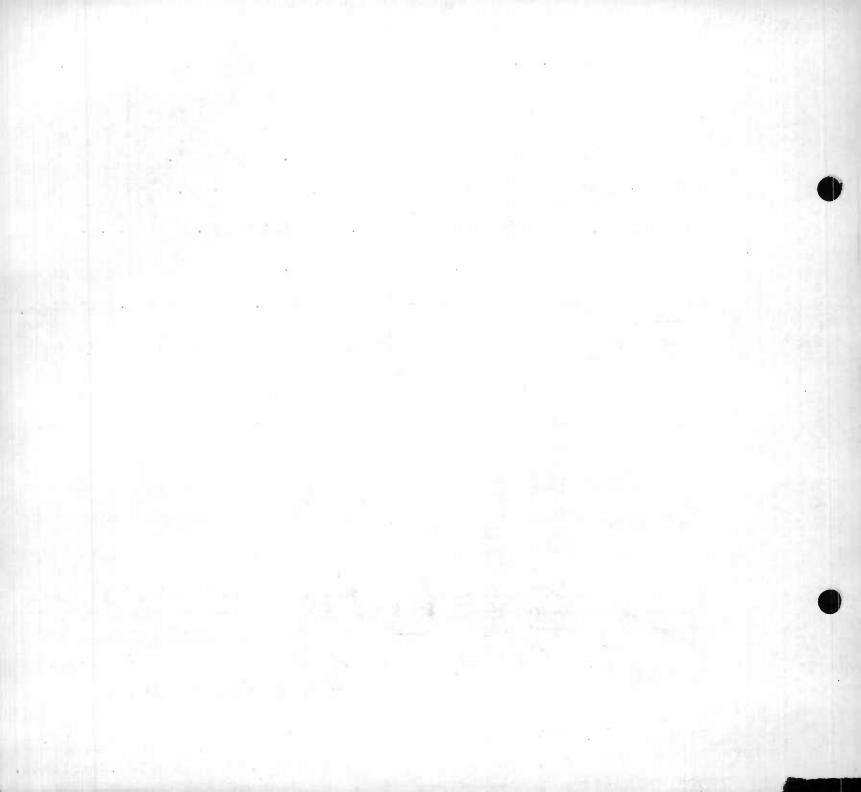
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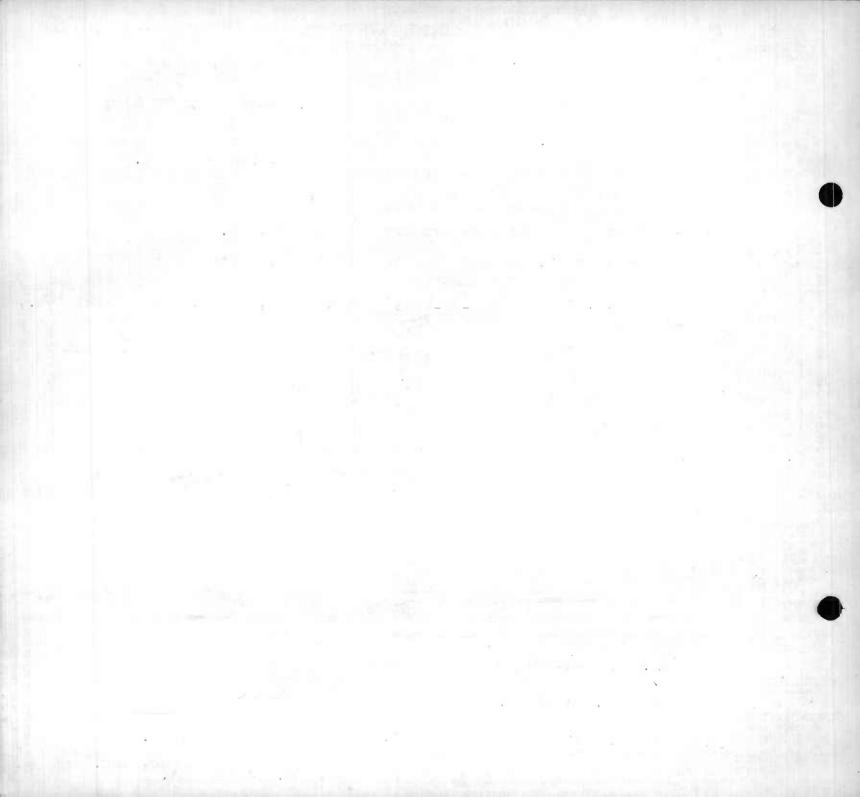
**DIRECTOR:** 

FUNERAL



A DESCRIPTION OF THE PROPERTY AND ADDRESS OF THE PROPERTY - ollowy when Lateral a most dand ) Bere Dan Road 13-16-16 BB 70 - 61 FI Can married 17-14-1-15 DEA 40 974,920 Angs Handy Charles T. Kemp Betty Kong Bout Portle Checusaling page covered; Sur arteris (Premis) garage of the state of any ? Explaner a moral open 8-9-08 CHELDER HEME & HOSPIN - FRISH Epineur B. BARZAGA

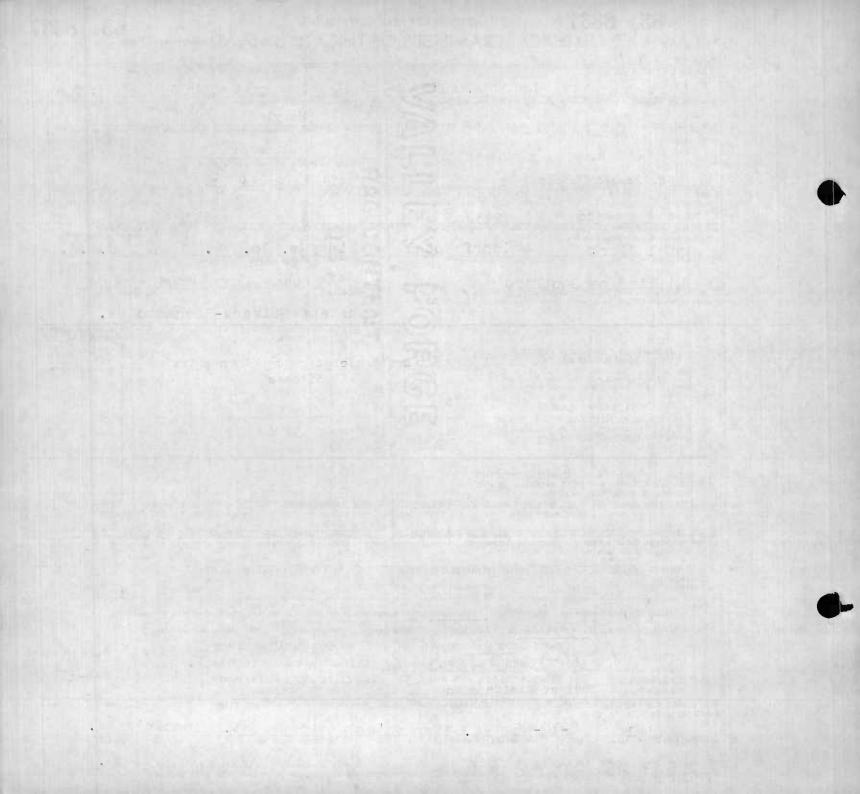




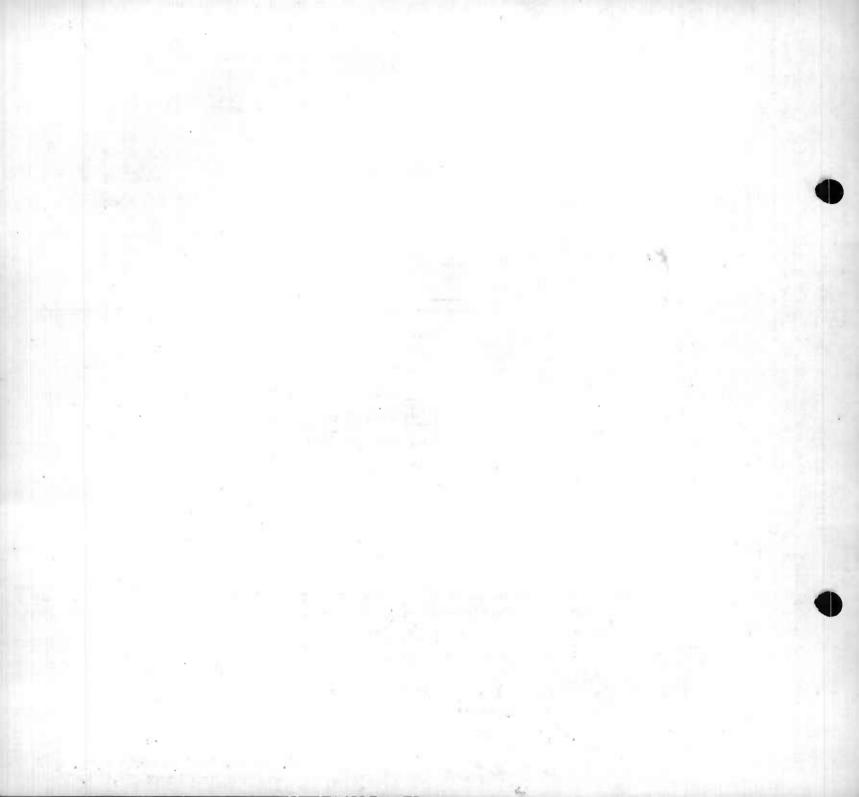
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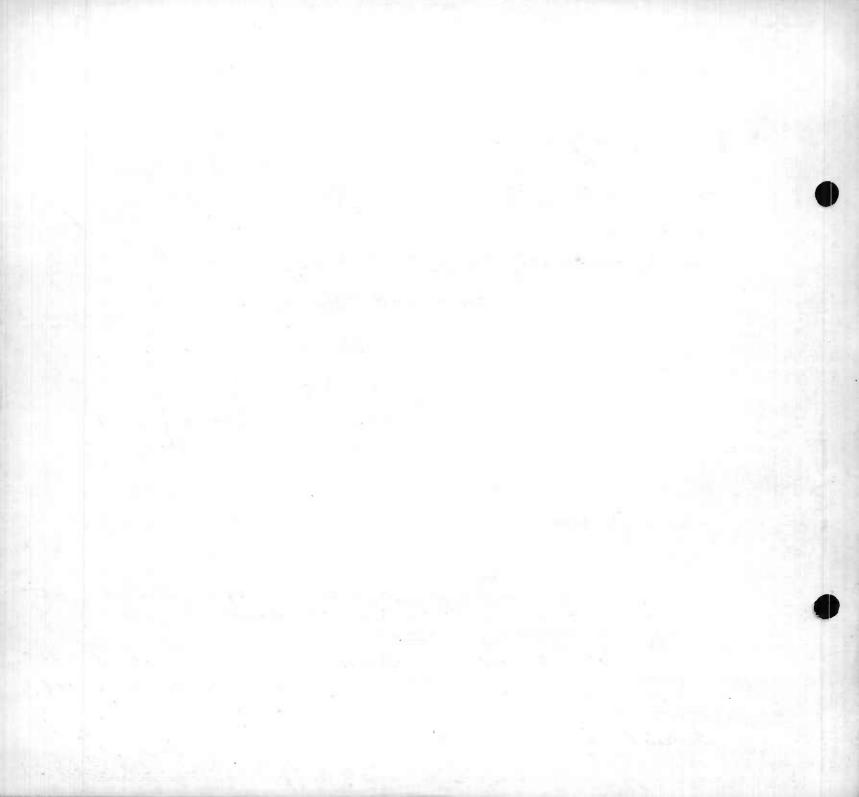
BIRTH NO.

	6.	5 83	37		BALTIMORE CITY HEA	ALTH DEPARTMEN	NT.		6.5	8337
BIRT	H NO.		MEDI	CAL EX	KAMINER'S	CERTIFICAT	TE OF D	EATH Register	red No.	0001
M. E	CASE NO.									
	NAME OF DE	CEASED					2. DATE AND	HOUR PRONOUNCE	D DEAD	
					N. SOUTHARD			st 6, 1965		1:05 p M.
3. P	LACE IN BAL	TIMORE, MAR	YLAND, W	HERE PRONO	UNCED DEAD	A. STATE		ceosed lived. If insti B. COU	tution: resident	ce before odmission!
FUI	L NAME OF	(IF NOT	IN HOSPITA	AL OR INSTIT	UTION, GIVE STREET		Maryland	1		
HO	SPITAL OR	ADDRESS	OR LOCA	TION)		C. CITY OR TOV	WN (If outside	corporate limits, write	RURAL ond	give township)
1	,						Baltimon	re	9- (	1
1/						D. STREET ADDI	RESS (If rurol, g	ive location)		
-	St.	Joseph	Hospit	:a1		1829 N	V. Charle	s St.		
5. \$	EX	6. RACE	1 9		NEVER MARRIED DIVORCED (specily)	B. DATE OF BIRTI	Н	9. AGE (In years	If Under 1 Months Do	Yr. If Under 24 Hrs.
	male	whit	e		lowed			63		10010
	USUAL OCC	UPATION (Give	kind of work	TOB. KIND O	F BUSINESS OR INDUST	RY 11. BIRTHPLACE	(State or foreign		12. CITIZEN	
done		working life, eve	in if retired)	Waldo	orf Hotel	King	Wm Co	Vo		S.A.
13. F	ATHER'S NA			Wa Lac	011 110001	King 14. MOTHER'S M	AIDEN NAME	va.	0	. U . R .
	*** 7.7		G	)		124 T 1 (20 T)				
15. 1	VAS DECEAS	ie Tee	S. ARMED	FORCES?	16. SO CIAL	17. INFORMANT	rtha El	len Jorns	ADDRESS	
		(If yes, give			SECURITY NO.					
						June an	n Stive	rs-Richmo	ond Va	•
	1B. 4	2.1	1.1	0.100	CAU	E OF DEATH				TERVAL BETWEEN
	DISEA	SE OR CONE	DITION DI	RECTLY						TOLI AND DEATH
		LEADING T	O DEATH			ioscleroti	c cardi	ovascular		
	heort foilure	not meon the e, osthenio, etc. emplication which	. It meons	the discose,	DUE TO	di	sease			
	injury or co	mpirconon white	cn couseu d	jeom./						
	F. Comp.	ANTECENDEN	T CAUSE	S	(P)					
	DISEASES	OR CONDITI	ONS, IF A	NY, GIVING	DUE TO	• • • • • • • • • • • • • • • • • • • •	***************************************			
		NG CONDITION		A III O III L						
NO.					(C)	***************************************				***************************************
ERTIFICATION	OTHER SE	11	ALDITIONS.	CONTRIBUTIO	N.C					
Ö	TO THE	DEATH BUT	NOT REL	ATED TO 1					417 b	
E		R CONDITION				Loo t Attropov	- W N N N			
CE	IYA. DATE O	FOPERATION	WAS PERF		WHICH OPERATION	20A. AUTOPSY		B. IF YES, WERE FIN		
	OLA EVTERNI	AL CAUSE WA		010	DI A CE OF INITION /	No	WHERE DID (1)			
O	UNDERLYING	OR CONTRIB	3-	home	PLACE OF INJURY (e.g., form, foctory, street,	office bldg., INJURY	OCCUR?	in Boltimore City, giv	e exoct locoti	ion)
0	UTING - CAL	JSE OF DEATH	1.	etc.1		Mary Mary				
	21D TIME	(Month) (D	Doy) (Yeor	(Hour) 2	TE. INJURY OCCURRED	21F. HC	OW DID INJUR	Y OCCUR?		M. W. T. L. L.
	(APPROX.)				WHILE AT NOT	WHILE				
	22.			-						
	I cer	rtify that I he	old an Ir	nquiry	Inspection X A	utopsy ond	d that on this	bosis, deoth In m	y opinion	
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	BURIAL CRI		B. DATE	23	C. NAME OF CENTETERY	or CREMATORY	23 D. LO	CATION (City,	town, or coun	nty) (Stote)
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244	DATE REC'D	BY HEALTH	8-10 DEPT.		of REGISTRAR	24C. FUNERA	AL DIRECTOR	o. Diegili	ADD	RESS
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5. SEE   S. RACE   7. MARRED, NEW MARRED   1. DATE OF BIRTH   7. AGE (in years and body)   1. Date of birth   1. Date of birth	n a hospitol cause of d use; (5) Dece tendonce on	1. NAME OF DECEASED (Type or PITLICOWSKI; MARY)  3. PLACE OF DEATH IN BALTIMORE, MARYLAND  4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admit A, STATE B. COUNTY  FULL NAME OF HOSPITAL OR oddress or location) (If not in hospitol or institution, give sheet oddress or location) (INSTITUTION)  PRANKLIN SQ. HOSPITAL  D. STREET ADDRESS (If rural, give location)
15. SECURITY NO.   16. SAMPA FORCES   16. SAMPA FORCES   16. SOLUTION   16. SECURITY NO.   16. SECURITY NO	occurr ontribu ermine regula sased is mad	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9, AGE (In years lost birthday)   10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)   10B. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country)   11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT COUNTRY?   13. CITIZEN OF WHAT COUNTRY?   14. CITIZEN OF WHAT COUNTRY?   15. SEX
(This does not meen the made of dying, e.g., heert foilure, asthenia, etc. II meens the disease, injury or camplication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving itse to the obove cause (A) stating the UNDERLYING CONDITION lost.  NOTHER SIGNIFICANT CONDITION S CONTRIBUTING TO THE DISEASE OR CONDITION CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.  OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED  OF OUT OF CONDITION CAUSING IT.  19A.DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OF CONDITION CAUSES OF DEATH?  21A. ACCIDENT WAS UNDERLYING OF CONDITION CAUSE OF DEATH (notify medical examine)  21B. PLACE OF INJURY (e.g., in or obout 21C, WHERE DID DEATH (notify medical examine)  21C. TIME (Month) (Day) (Year) (Hour)  While A1 Work  While A1 Work  Not While A1 Work  Not While A1 Work	istant if d he direct kind; (4) U death wa e on the	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no ar unknawn) (II yes, give war ar dates of service)  16. SOCIAL SECURITY NO.
DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION   19B. CONDITION FOR WHICH OPERATION   20A. AUTOPSY? (Yes or No)   20B. IF YES, WERE FINDINGS CONSIDERED   19B. CONTRIBUTING CAUSES OF DEATH?  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH?  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH?  21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID OR CONTRIBUTING CAUSE OF DEATH?  21A. ACCIDENT WAS UNDERLYING OR COURSE OF DEATH?  21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID INJURY OCCUR?  DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?  While At Work   Not While   At Work   Not While   At Work   Not While   Not While	lical examiner o cal examiner. I ns; (3) A fracture ician who pronas in regular o ains are emboln	DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stating the UNDERLYING CONDITION lost.
TO A MEAN TAKE OF THE STATE OF	by the chief in pitol by a mre; (2) Body where the pNo physicio	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH?  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH?  21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID INJURY OCCUR? OF INJURY OCCUR? OF INJURY OCCUR? OF INJURY OCCUR?  21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY OCCUR?  While At Not While
TO THE WIND STREET THE PROPERTY OF THE PARTY	This certificate the body was shows: (1) An was D.O.A. at deceased prio	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county)  Burial Aug.ll, 65 Holy Cross Cemetery Anne Arundel Co., Maryland  25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS  George J. Gonce, 4001 Ritchie Hgwy.  VS 150-REV. 1/1/65





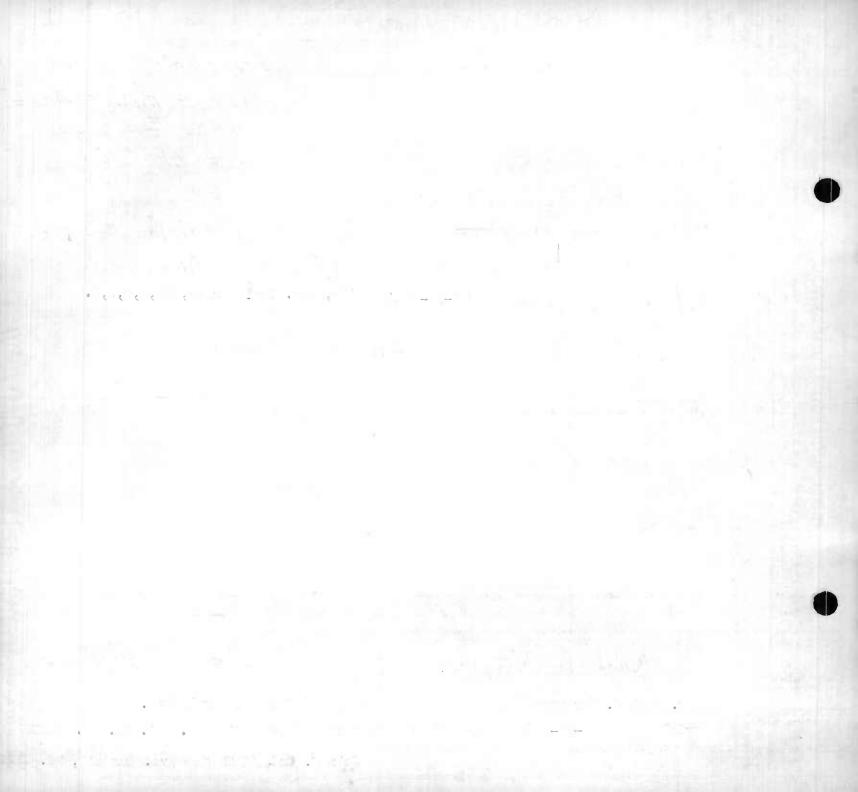
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BALTIMORE CITY HEALTH DEPARTMENT

VS 150-REV, 1/1/65

IMPORTANT

FUNERAL DIRECTOR:



24B, NAME OF REGISTRAR

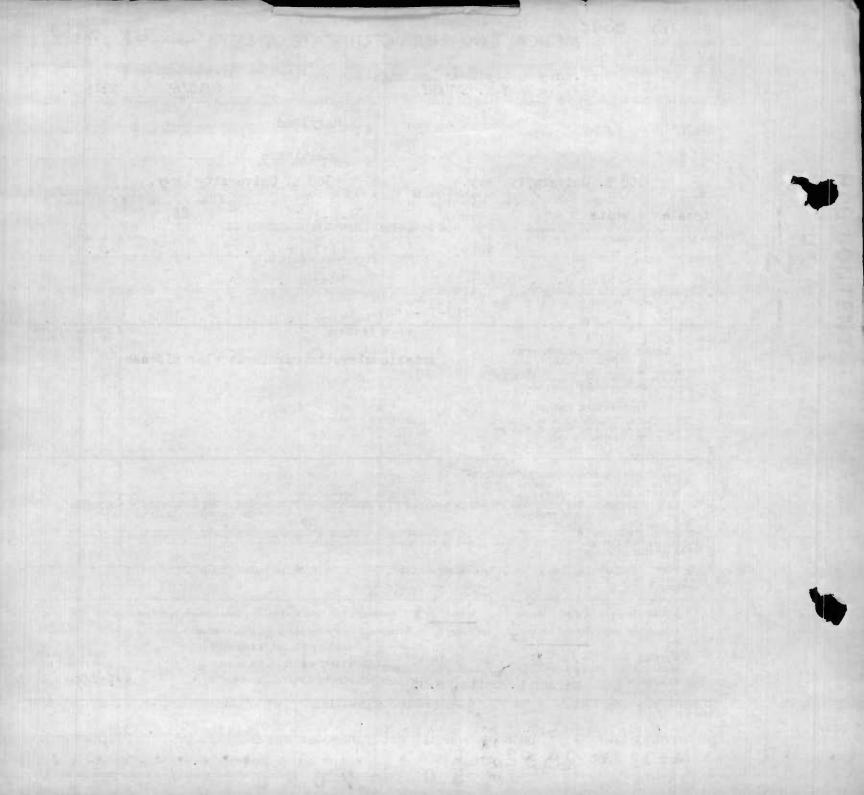
24C. FUNERAL DIRECTOR

ADDRESS

Stewart & Mowen Co. 108-W-North-Av-2120

24A. DATE REC'D BY HEALTH DEPT.

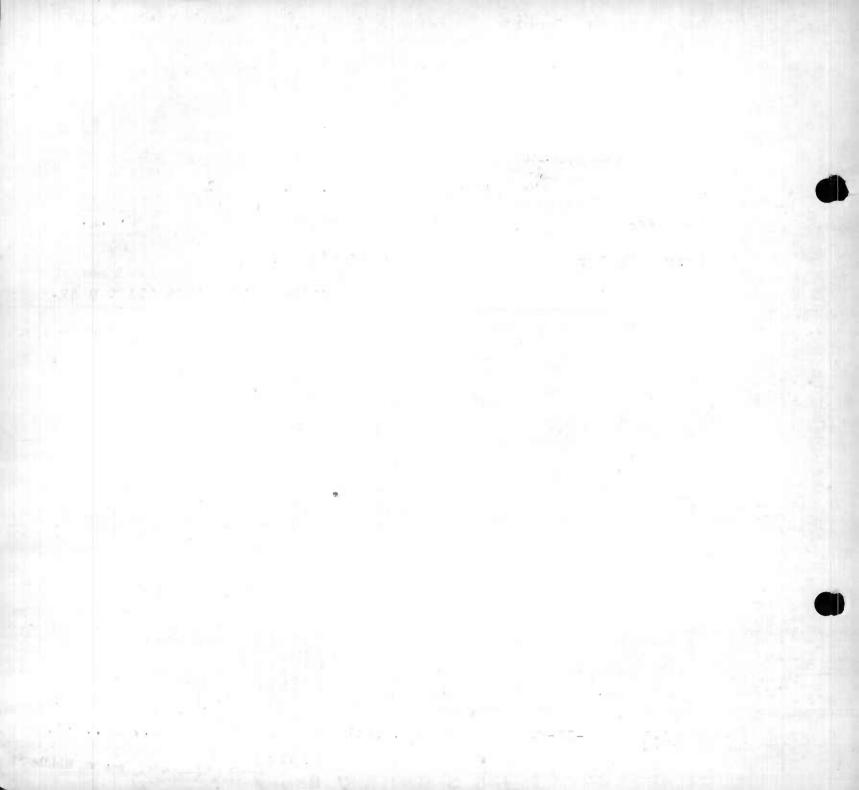
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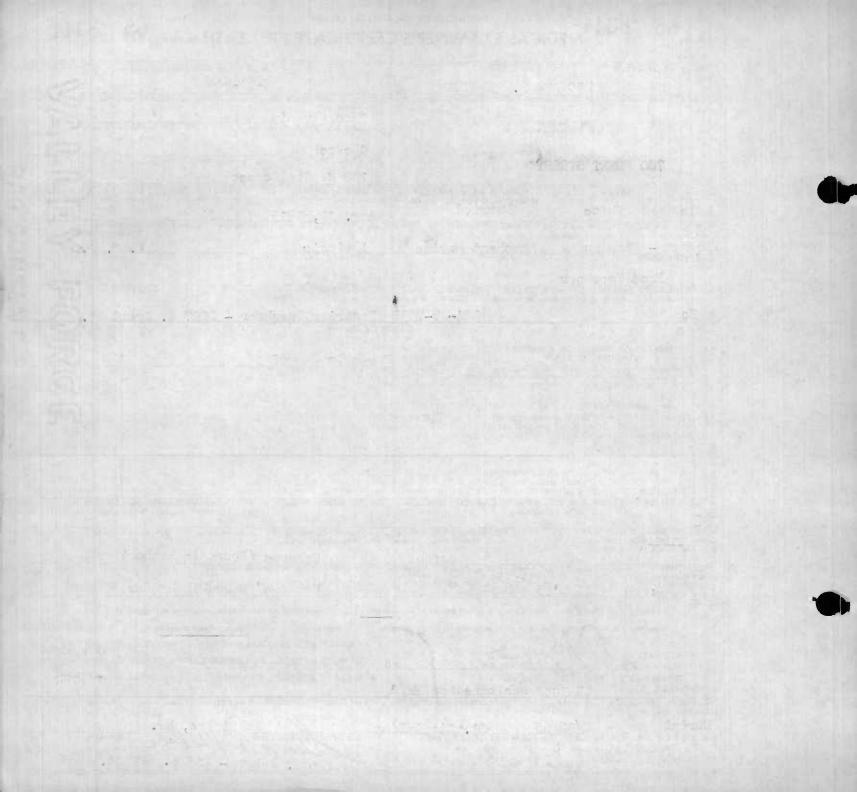
3.	PLACE OF DECEASED  PLACE OF DEATH IN BALTIMORE, MARYLAND	2. DATE AND HOUR OF DEATH  8 - 8 - 6.5  4. USUAL RESIDENCE (Where deceased lived. II institute a. STATE 8. COUNTY	1218 A-		
	FULL NAME OF (If not in hospital or institution, give street oddress or location) NSTITUTION	C. CITY OR TOWN (If outside city limits, write RURAL ond give township)  ROLL D. STREET ADDRESS (If rurol, give locotion)			
B	ox-Wil-Ba Convalescent Home	1509 N. Ellamont 8			
5.	WIDOWED, DIVORCED (specify) Widowed	Feb. 21, 94 71	Under 1 Yr. If Under 24 I onths Doys Hours Min		
dor	e during most of working life, even if retired)  Domestic	Virginia	2. CITIZEN OF WHAT COUNTRY?		
	George Taylor	Mimmie ?			
5. Ye	Wos Deceased Ever in U. S. Armed Foices? s,no or unknown) (It yes, give wor or doles of service)  1 6. SOCIAL SECURITY NO.	Mr Willie Smith 1802 C	address lifton Av.		
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does nat mean the made af dying, e.g., heatt failure, asthenia, etc. It means the disease, injury at camplication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the UNDERLYING CONDITION last.	viosclerotic heart disease			
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
RTIFIC	198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINI			
MEDICAL C	21 B. PLACE OF INJURY (e.g., in home, form, foclory, street, off borne, form)   21 D. TIME (Month) (Doy) (Year) (Hour)   21 E. INJURY OCCURRED   While At	21F. HOW DID INJURY OCCUR?	ty, give exoct locotion)		
22. I certify that (I) (this hospital) attended the deceased from 1-2-9-1962 to 8-8- that (I) (we) last saw the deceased alive on 8-6-1965 and that in (my) (aur) apinion death accurant haur and from the causes stated above. (I) (We) (did) (did not) view the body after death.					
	23A. SIGNATURE  C.O. C. HA. 100 M.D. Atte	ending Med. Stott	8-8-65		
	TIN TOWNS WILL .	23D. ADDRESS	0 0 00		

FUNERAL DIRECTOR: IMPORTANT

BALTIMORE CITY HEALTH DEPARTMENT

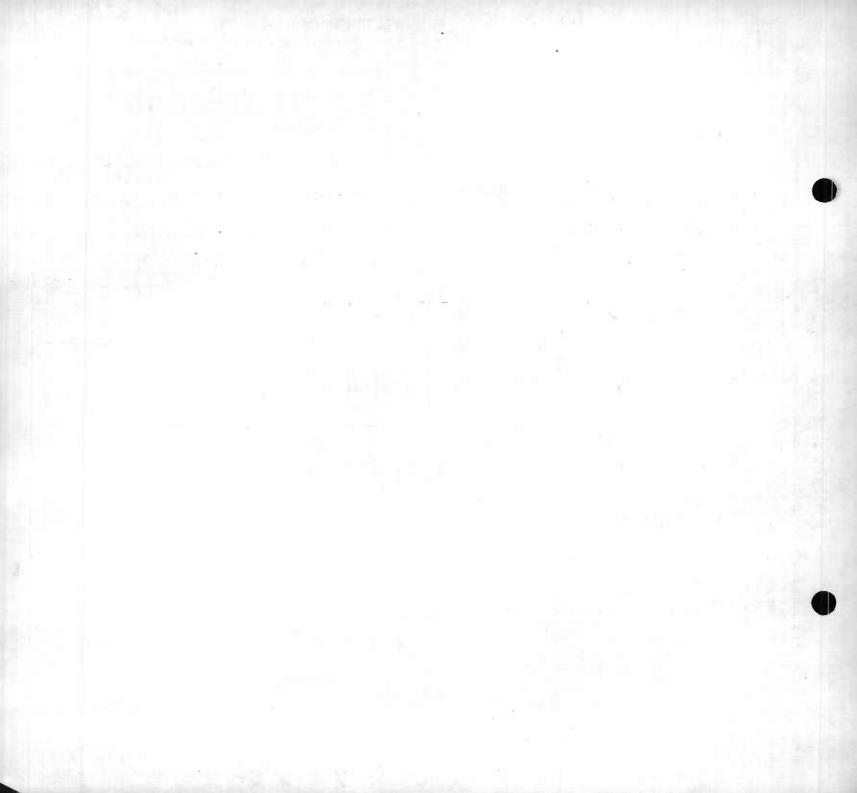


C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min. 2. CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN ONSET AND DEATH TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 20 B. IF YES. WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21 A. EXTERNAL CAUSE WAS 21B, PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) home, form, foctory, street, office bldg., INJURY OCCUR? MEDI UTING CAUSE OF DEATH. Unknown (Found in harbor Harbor 21 D TIME 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY AM WHILE AT NOT WHILE X FOUND: 165 Unknown (Found in harbor) Autopsy X I certify that I held an Inquiry Inspection and that on this basis, death In my apinlan resulted from: Motural causes Suicide Homicide Accident Undetermined manner X CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL M.D. ASSISTANT MEDICAL EXAMINER X SIGNATURE ASSOCIATE MEDICAL EXAMINER 8-11-65 EXAMINER'S NAME (Type) RUDIGER Breitenecker, M/D. 23A. BURIAL CREMATION. 23B. DATE 23C. NAME of CEMETERY OF CREMATORY 23 D. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Burial Stanislaus 24B, NAME OF REGISTRAR 24C. FUNERAL DIRECTOR ADDRESS lub & Farker M.S Weber - 705 S. Ann St. VS 151-REV. 1/1/65



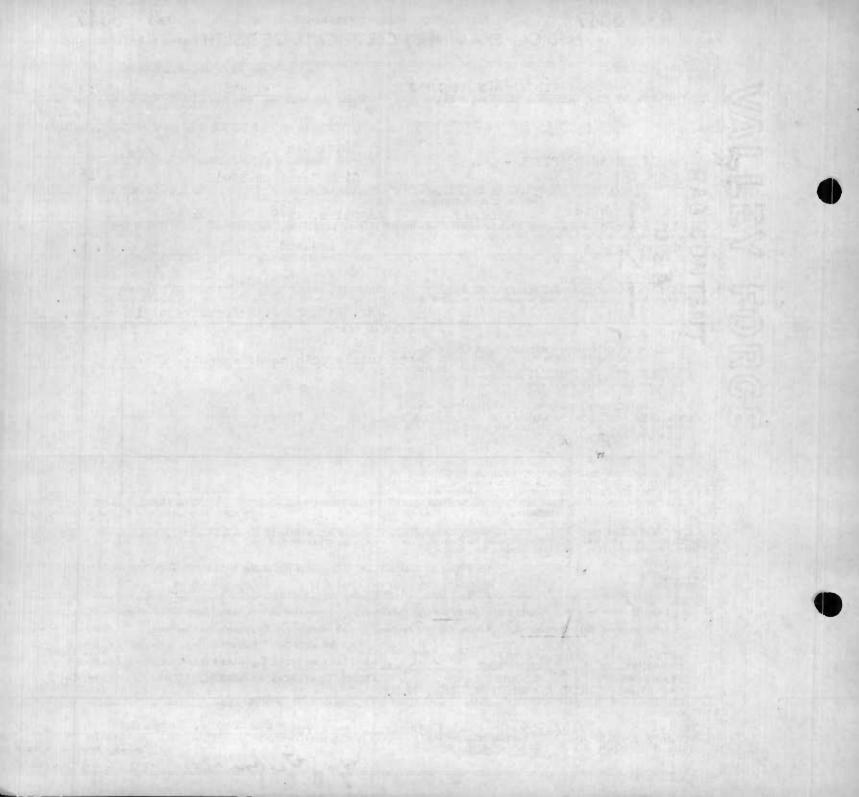
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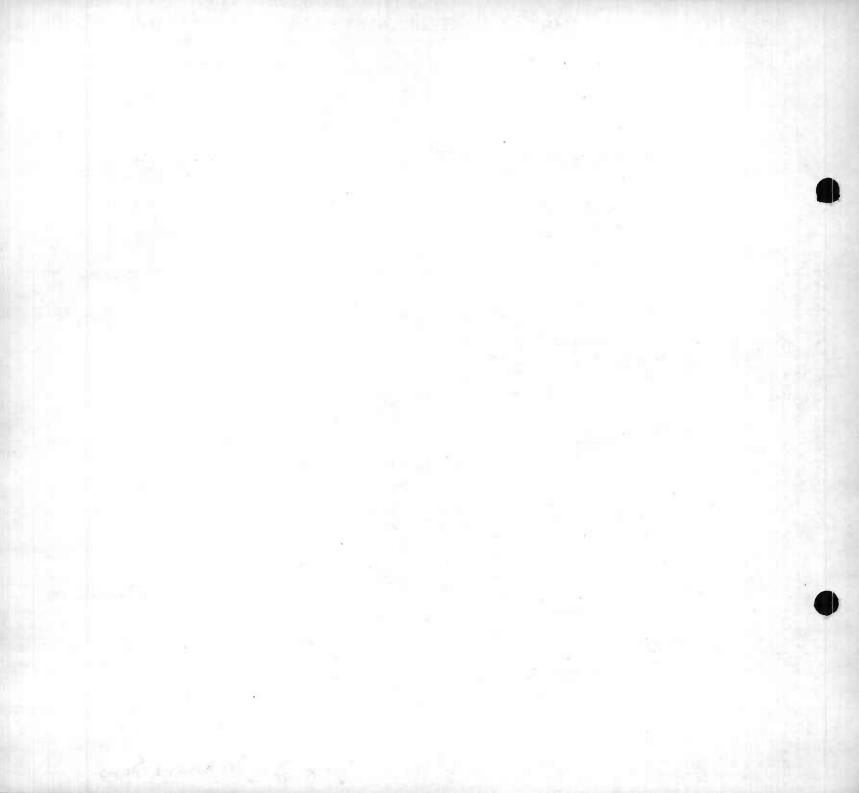
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6	5 8347		BALTIMORE CITY HEA	LTH DEPARTMENT		65 8347	
BIRTH NO.		DICAL EX	CAMINER'S	CERTIFICATE OF	DEATH Regis	stered Na	
M.E. CASE NO							
1. NAME OF (Type or Print)	DECEASED			2. DATE A	ND HOUR PRONOUN	ICED DEAD	
			McCORMACK	8-	11-65	7:30	) A M.
3. PLACE IN B	ALTIMORE MARYLAND,	WHERE PRONO	JNCED DEAD	4. USUAL RESIDENCE (Whee	e deceased lived. If in 8. Co	nstitution: residence before OUNTY	odmission)
FULL NAME C			UTION, GIVE STREET	Maryland c. CITY OR TOWN (If outs	ido comorato limite w	wite PLIPAL and give tow	mehia)
HOSPITAL OR	ADDRESS OR LO	CAIION)			de corporore initias, wi	- 110	патирі
-	LUTHERAN HOS	PTTAT D	OA	Baltimore D. STREET ADDRESS (If rure	al. give location)	A P	
The said	2011214111 1100		011	2230 Garrison		16	
5. SEX	6. RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In year	rs   If Under 1 Yr. If Un	
Female	White		OWO d	April 4. 1879	lost birthday	Months Doys Ho	urs Min.
IOA. USUAL O	CCUPATION (Give kind of	WORK TOR KIND O		RY 11. BIRTHPLACE (Stote or fore		12. CITIZEN OF	
9.0	of working life, even if retire	(d)		Ireland		U. S. A.	
13. FATHER'S N			100	14. MOTHER'S MAIDEN NA	WE	0 0 0 0 31	,
Wi	lliam Morkan			Ellen She	ahan		
15. WAS DECE.	ASED EVER IN U.S. ARM		16. SOCIAL SECURITY NO.	17. INFORMANT		3824 Beach Av	78.
(163, 110 0) Olikin	January es, give wor or c	ides of servicer	Jeografi Ito.	Mr. Bernard A.			
18. //	10 1		CAUS	SE OF DEATH		INTERVAL	BETWEEN
7	EASE OR CONDITION	DIRECTIV				ONSET AN	ND DEATH
	LEADING TO DEA	ATH	(A) Arter	riosclerotic care	diovascular	disease	
heort foil	es not mean the mode lure, asthenio, etc. It me	ons the diseose.	DUE TO	**************************************		***************************************	
injury or	complication which cous	ed deom./					
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RISE TO	ES OR CONDITIONS, II	STATING THE	DUE TO				
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OTHER TH	SIGNIFICANT CONDITION						
DISEASI	OR CONDITION CAUS	ING IT.	.00000000000000000000000000000000000000				************
OTHER TO THE DISEASE	OF OPERATION 198, C	PERFORMED	WHICH OPERATION	NO	IN CERTIFYING CA		,
	NAL CAUSE WAS	218.	PLACE OF INJURY (e.g.	, in or about 21C. WHERE DID office bidg., INJURY OCCUR?	(If in Boltimore City,	give exact location)	
O UTING C	AUSE OF DEATH.	etc.)	e, tolin, lociory, sileel,	omee sings, INJORI OCCOR!			
ZID IIIVIE		feor) (Hour) 2	TE. INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?		
(APPROX.)			WHILE AT NOT	WHILE			
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	ATURE	JUn 44	n CM.	D. ASSISTANT MEDICAL E			
	MINER'S PIDTO	ידם מספדיי	ENECKED ND	ASSOCIATE MEDICAL	EXAMINER	8-11	65
23A, BURIAL	E (Type) RUDIO		ENECKER, M.D.		LOCATION (CI	ity, town, or county)	(Stote)
REMOVAL (Sp.	ecify)			2			
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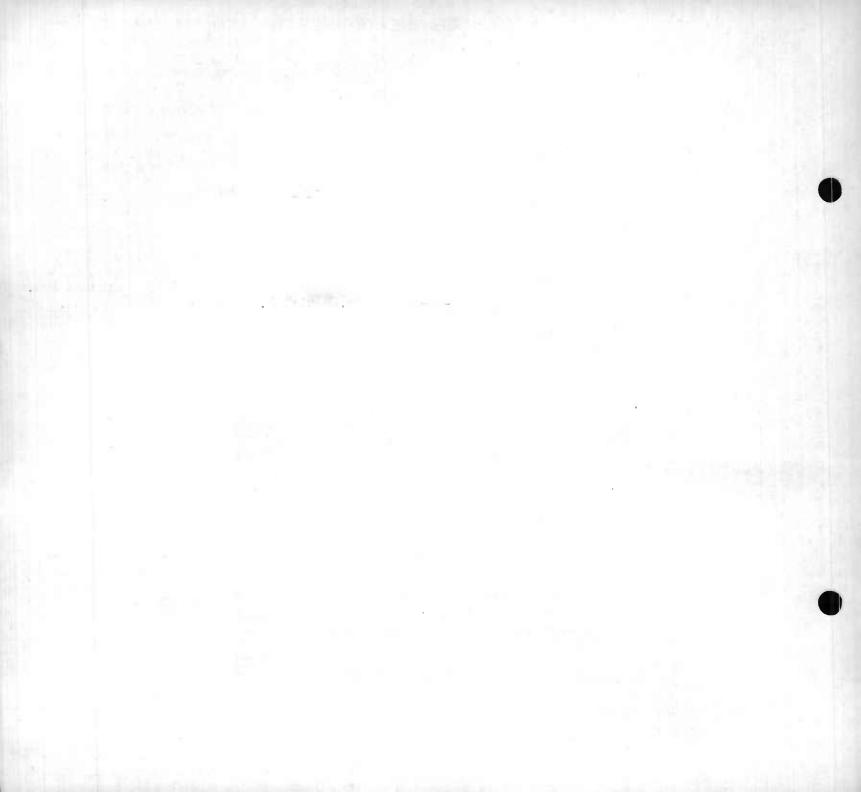


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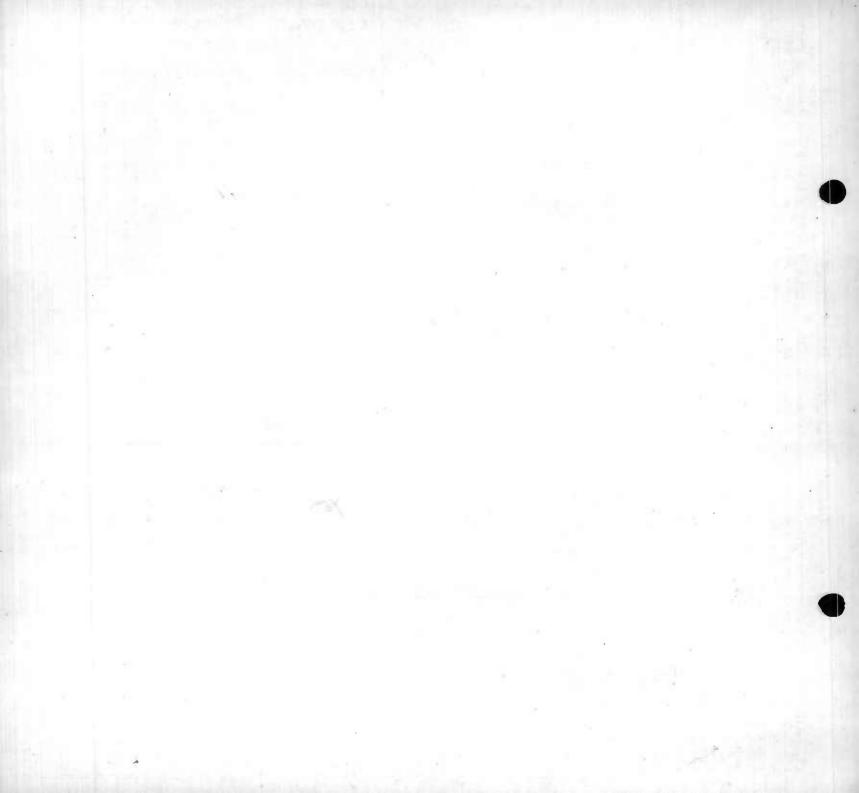


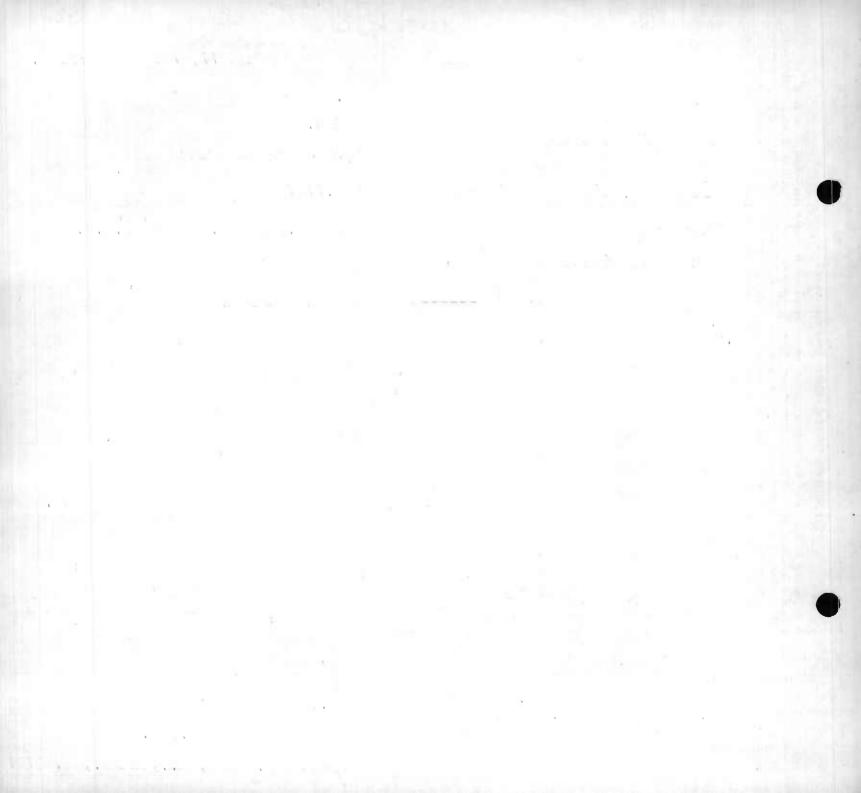
BALTIMORE CITY HEALTH DEPARTMENT

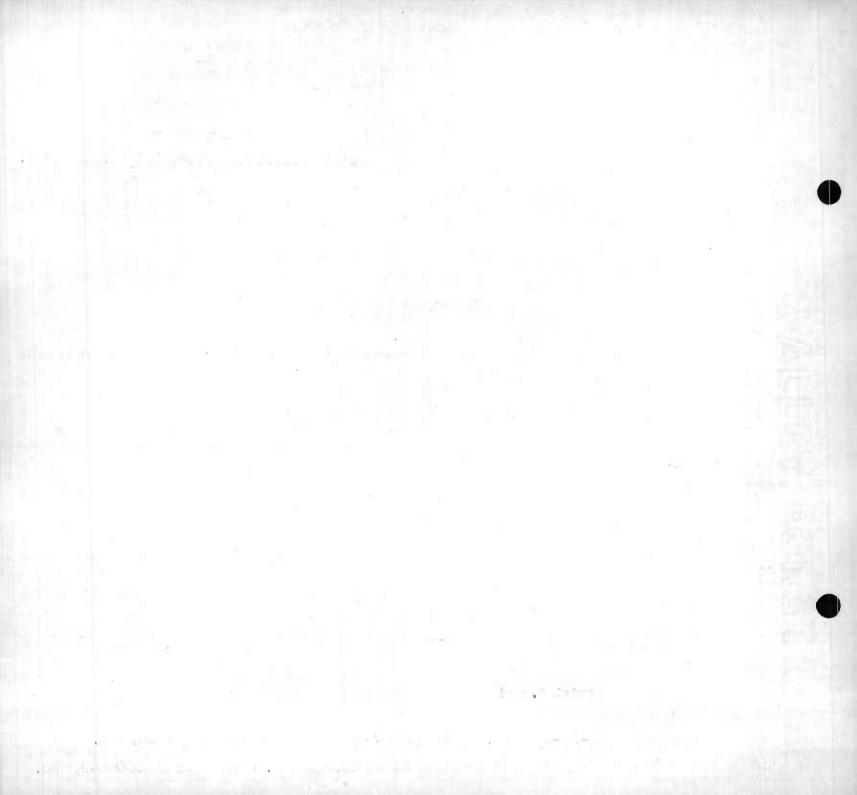


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	his certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and he body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death whows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased over D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the leceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such vritten approval must be obtained before the remains are embalmed or final disposition is made.

		_			0- 0- 1- 1	Registered No	65 8350
		5 8350		CERTIFICA	TE OF DEATH		
1. N.A.	CASE NO. ME OF DECE	ASED			2, DATE	AND HOUR OF DEAT	Н
Туро	or Print) .	WITH ER	SDOOM		Δ	-1- T. 11 10	365 1/1:00 4
B. PL	ACE OF DEA	TH IN BALTIMORE,	MARYLAND		4. USUAL RESIDENCE (W	here deceased lived. If	765   //ioo A institution: residence before odmissio
		1					
FU	SPITAL OR	F (If not in hospi oddress or loc	ital or institution	n, give street	Pallmire		e RURAL ond give township)
INS	MOITUTICA			0 2	C. CITY OR TOWN	outside city limits, write	e RURAL ond give township)
1	uther	an Trep	neal is	f maryland	2130 W Se D. STREET ADDRESS	king con	St.
0		0	,	V	D. STREET ADDRESS	(II furoi, (give locotion)	
. S EX		6. RACE	7 44 4 0 0 1 5	D, NEVER MARRIED	B. DATE OF BIRTH	10 ACE (1-	T ( 1) -1 - 1 V ( 1) -1 - 04 ( 1)
F		o. RACE	WIDOW	/ED, DIVORCED (specify)		9. AGE (In years lost birthdoy)	Months Doys Hours Min.
		C	mar		10/21/23 11. BIRTHPLACE (State or fo	41.	
		PATION (Give kind of vorking lile, even if retire	d)	OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?
	omem		A-21	Hamt'	FINE LOVE	54 N.C	C1.5A-
3. FA	THER'S NAM	\E			14. MOTHER'S MAIDEN N	IAME	
	11. 1	DAVIS			20	2.01155	
		Ever in U. S. Armed		16 500141	MITTIE /	JAKNUS	ADDRESS
Yos, n	o or unknown)	(If yos, give wer or	dotos of service	SECURITY NO.			
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18	3. 12	8,01		CAUSE O	F DEATH	1	INTERVAL BETWEEN
		E OR CONDITION	DIRECTLY	_	Pulmonary	Sancordes	ONSET AND DEATH
		LEADING TO DEA			aprova trus		
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h	neort foilure,	osthenio, etc. It me plicotion which cou	ons the diseas sed deoth.)	se,			
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WEDICAL CERTIFICATION  MEDICAL CERTIFICATION  MEDICAL CERTIFICATION  23  23  24  24  24  24  24  25  26  27  28  29  29  20  20  20  20  20  20  20  20	DISEASES O  SE IO THE DE DISEASE OR OF THE DI	osthenio, etc. It mentions of the phicotion which countries to the phicotion of the phicotion	ons the diseased deoth.)  SES  if any, giving the state of the state o	ING THE  R WHICH OPERATION  THE INJURY OCCURRED  While, At Work  At Work  At Work  (I) (We) (did) (did nat) v  M.D. Atte	20 A. AUTOPSY? (Yos or YES) To or obout 21 C. WHERE DID fice bidg., INJURY OCCUR?  21 F. HOW DID I  21 F. HOW DID I  21 F. HOW DID I  A Mod. Diroctor  22 D. ADDRESS  Latheran A	No) 20B. IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED CAUSES OF DEATH?  oro City, give exect locotion)  8 / // 19 & S  plinian death accurred an the d  23B. DATE SIGNED  8 / // 65
WEDICAL CERTIFICATION  MEDICAL CERTIFICATION  MEDICAL CERTIFICATION  23  23  24  24  24  24  24  25  26  27  28  29  29  20  20  20  20  20  20  20  20	DISEASES O SE IO THE SIGNIFICATION OF THE DESTRUCTION OF THE DESTRUCTI	osthenio, etc. It mentions of the plicotion which countries to the plicotion of the plicotion which the plicotion which the plicotion of the plicotion which countries the plicotion which the plicotion which the plicotion which countries the plicotion which the pl	ons the diseased deoth.)  SES  if any, giving the state of the state o	ING THE  R WHICH OPERATION  THE PLACE OF INJURY (e.g., in como, form, foctory, street, of tec.)  THE INJURY OCCURRED  While At  Not Whill Nork  At Work  At	20 A. AUTOPSY? (Yos or YES) To or obout 21 C. WHERE DID fice bidg., INJURY OCCUR?  21 F. HOW DID I  21 F. HOW DID I  21 F. HOW DID I  A Mod. Diroctor  22 D. ADDRESS  Latheran A	No. 208. IF YES, WER IN CERTIFYING COUR?  Ulf in Boltim  NJURY OCCUR?  19 65 ta thot In (my) (aur) oh.  Staff Phys.	E FINDINGS CONSIDERED CAUSES OF DEATH?  oro City, give exect locotion)  8 / // 19 & S  plinian death accurred an the d  23B. DATE SIGNED  8 / // 65
WEDICAL CERTIFICATION  MEDICAL CERTIFICATION  MEDICAL CERTIFICATION  723  73  744  744  75  75  76  76  77  76  77  76  77  76  77  77  77  78  78	DISEASES OF SEE TO THE DESCRIPTION OF SIGNIFICATION OF SI	osthenio, etc. It mentions of the plicotion which countries to the plicotion of the plicotion which the plicotion which the plicotion of the plicotion which countries the plicotion which the plicotion which the plicotion which countries the plicotion which the pl	ons the diseased deoth.)  SES  if any, giving the state of the state o	ING THE  R WHICH OPERATION  THE PLACE OF INJURY (e.g., in como, form, foctory, street, of tec.)  THE INJURY OCCURRED  While At  Not Whill Nork  At Work  At	20 A. AUTOPSY? (Yos or YES) To or obout 21 C. WHERE DID fice bidg., INJURY OCCUR?  21 F. HOW DID I  21 F. HOW DID I  21 F. HOW DID I  A Mod. Diroctor  22 D. ADDRESS  Latheran A	No) 208, IF YES, WER IN CERTIFYING COUR?  (If in Boltim  NJURY OCCUR?  19 65 ta thot In(my) (aur) oh.  Staff Phys	E FINDINGS CONSIDERED  AUSES OF DEATH?  For City, give exact location  19 65  plinian death accurred an the di  23B. DATE SIGNED  8/11/65  City, town, or founty) (State)
WEDICAL CERTIFICATION  MEDICAL CERTIFICATION  MEDICAL CERTIFICATION  723  73  744  744  75  75  76  76  77  76  77  76  77  76  77  77  77  78  78	DISEASES O SE IO THE SIGNIFE TO THE DE DISEASE OR (O A. DATE OF  DA. DATE OF  TA. ACCIDEN R CONTRIBUTEATH (notify)  10. TIME THE THYSICIAL NAME (T)  THE DE BURIAL CREMOVAL (S ADDITAL  BURIAL CREMOVAL (S	osthenio, etc. It mentions of the plicotion which countries on the countries of the plicotion which countries of the plicotion which countries of the plicotion which countries of the plicotion	ons the diseased deoth.)  SES  if any, giving the state of the state o	ING THE  R WHICH OPERATION  THE PLACE OF INJURY (e.g., intomo, form, foctory, street, of etc.)  THE INJURY OCCURRED  While, At Not While At Work  At Work  At Work  The Injury occurrence of etc.)  Not While, At Not While  At Work  The Injury occurrence of etc.  Not While, At Not While  At Work  The Injury occurrence of etc.	20A. AUTOPSY? (Yos or Section of about 21 C. WHERE DID Increase of the bidg., INJURY OCCUR?  21F. HOW DID I 21F	No) 208, IF YES, WER IN CERTIFYING COUR?  (If in Boltim  NJURY OCCUR?  19 65 ta thot In(my) (aur) oh.  Staff Phys	E FINDINGS CONSIDERED CAUSES OF DEATH?  oro City, give exoct locotion)  8 / // 19 & S  plinian death accurred an the di  23B. DATE SIGNED  8 / // 65  F Drawyland







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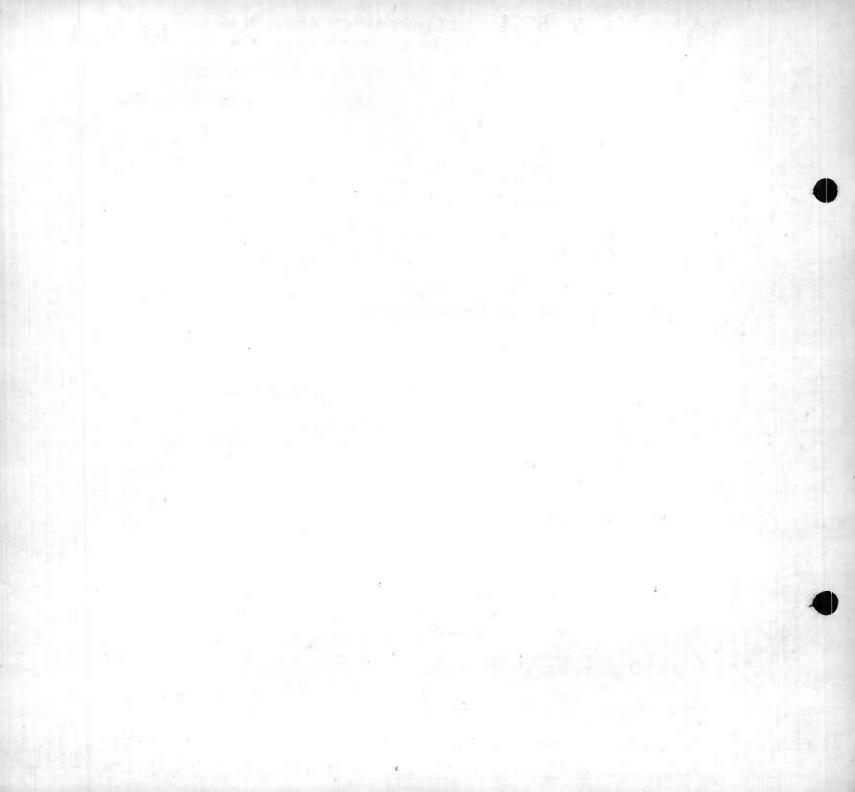
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rect or contributing cause of death (4) Undetermined cause; (5) Deceased

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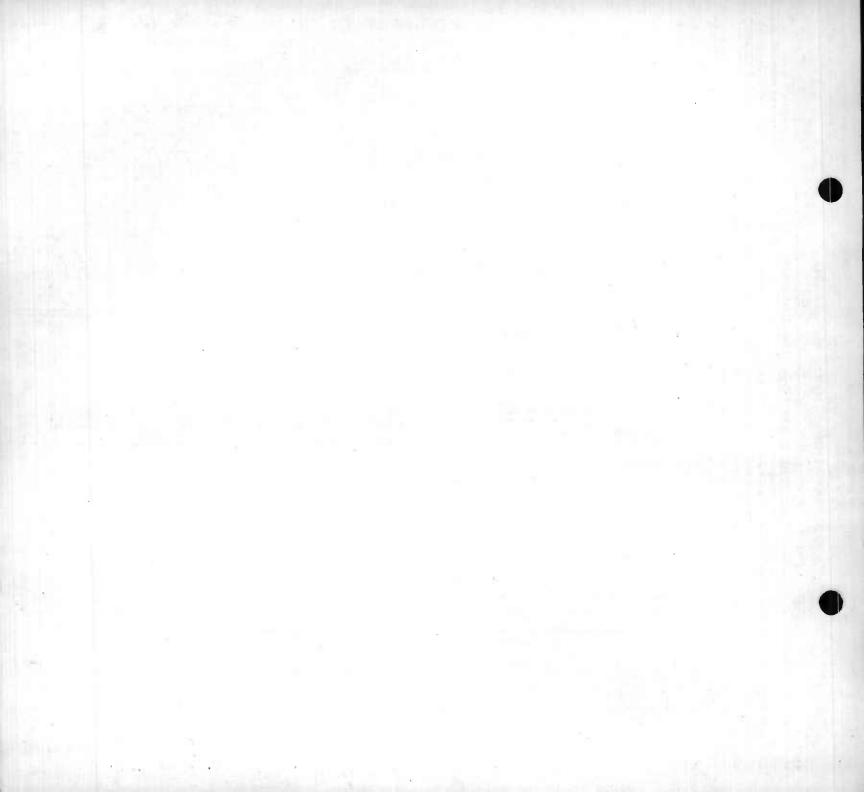
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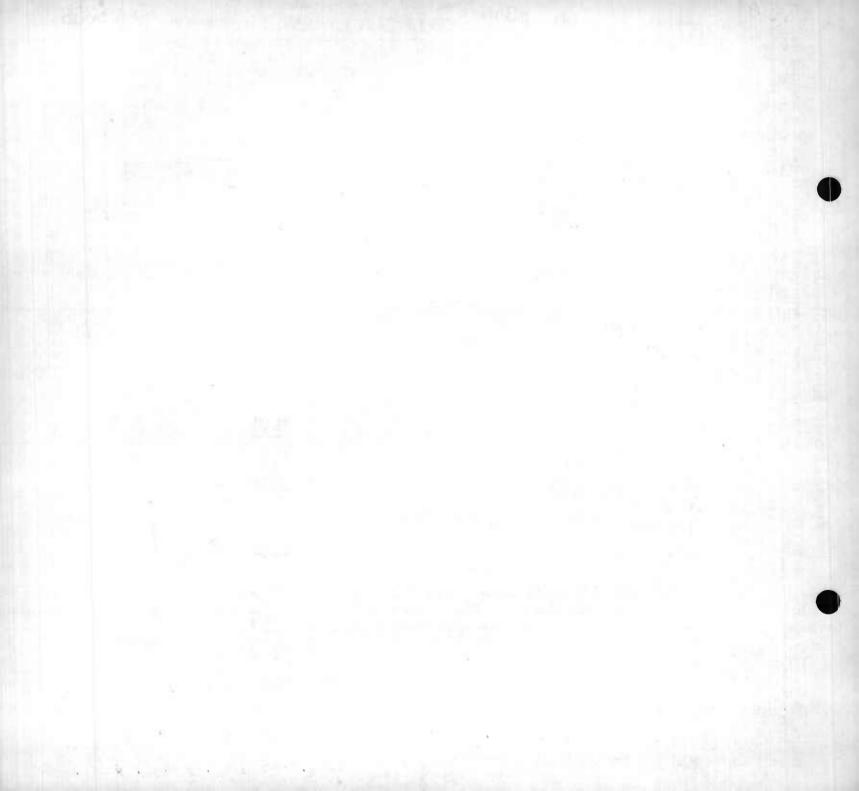
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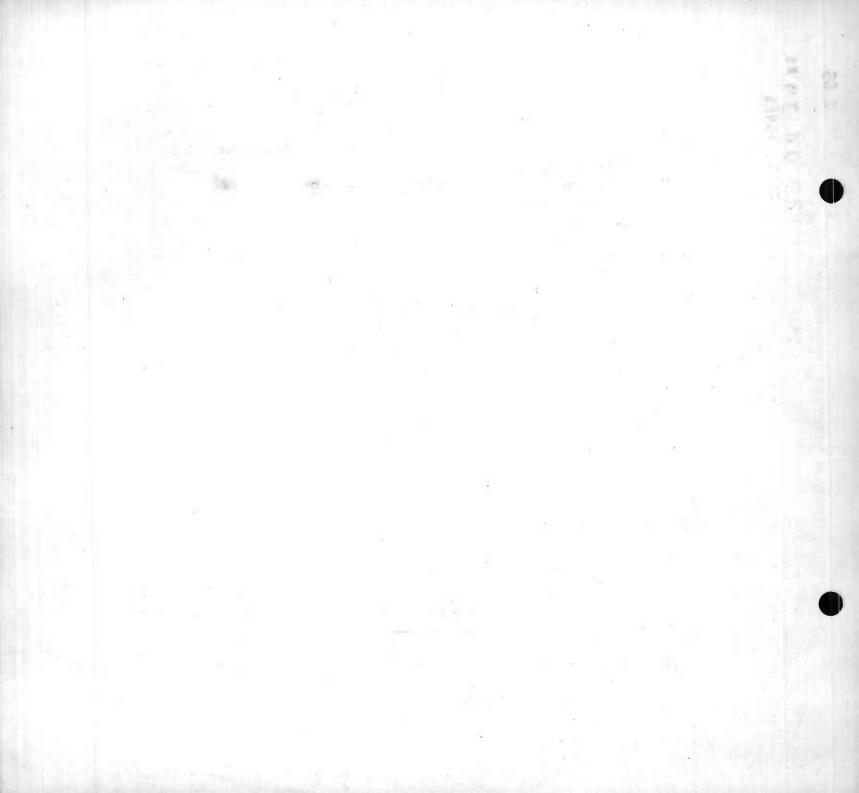
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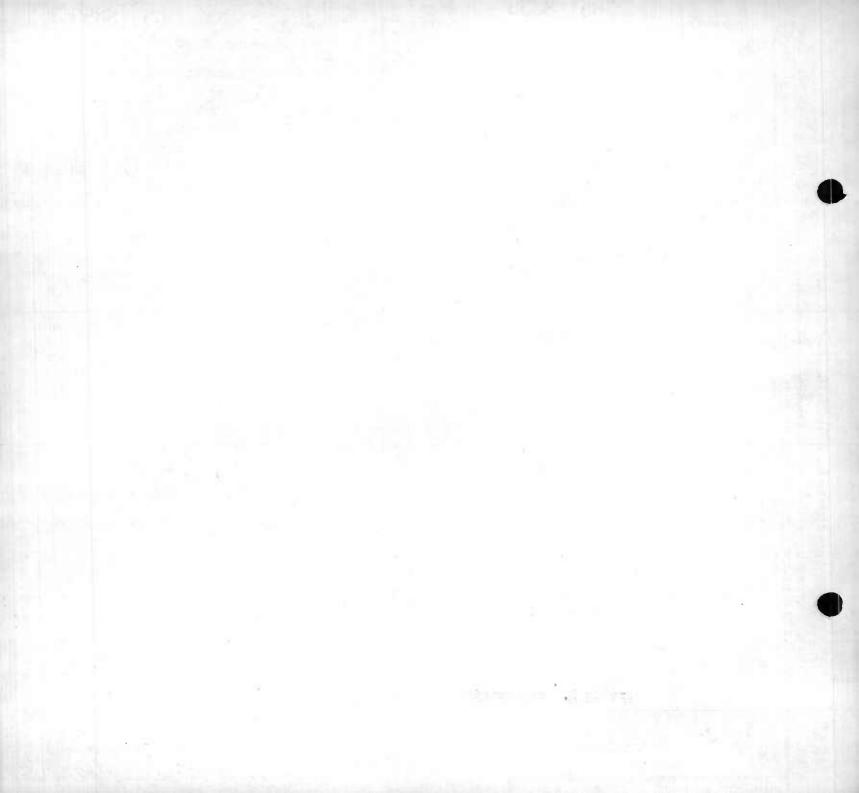
BALTIMORE CITY HEALTH DEPARTMENT





VS 151-REV, 1/1/65

	65 8	359 B	ALTIMORE CITY	HEALTH DEPARTMENT	1	CE 09E0
BIRTH NO.	10	C	ERTIFICA	TE OF DEATH	Registered No.	<u>60 8008</u>
1. NAME OF	DECEASED DOLA	EDWARD .	BRE	WER PUG	D HOUR OF DEATH	65 1:00 A
3. PLACE OF	DEATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (Whe	e deceased lived. If in	stitution: residence before odmissio
FULL NAM	ME OF III not in hospital	or institution, grve stree		MAN	LOWD	(1./1
HOSPITAL	OR oddress or locotic	on)		C. CITY OR TOWN (If out	sido city limits, writo	RURAL and give township)
10010	200112	MATS.	1400	ANI	NA POLI	5 62-10
1010	rasille	SINICI	JOSP.	D. STREET ADDRESS (II	rurol, give location) FLEET	57
5. SEX	6. RACE NEGAO	MARRIED, NEVER		8. DATE OF BIRTH 73	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
	OCCUPATION (Give kind of wor	10B, KIND OF BUSINE	SS OR INDUSTRY	11. BIRTHPLACE (State or fore	gn country)	12. CITIZEN OF WHAT COUNTRY2
GAS	STATION ATTE	VD047	to at the costs	MARION	CAND	4,5.
13. FATHER'S	NAME	2000		14. MOTHER'S MAIDEN NAM	ME	
	NATHON	BILEN	18/6	101	y P/s	PREER
5. Was Dece	nosed Ever in U. S. Armed Fo	rcos? 16. SOC		17. INFORMANT		ADDRESS
4/1	JKNOWN!	ALC.	URITY NO.	PATIENTS	CH	ART
18.71	2 3 1 1	177	CAUSE O	F DEATH		INTERVAL BETWEEN
DI	SEASE OR CONDITION DI	RECTLY	120	11000 - 20		ONSET AND DEATH
	LEADING TO DEATH		(A)	UPDILI PORES	15	
heort fai	pes nat mean the mode of lure, asthenia, etc. It means	s the diseose,	DUE TO			1 tu
injury ar	camplication which caused		CE	RVICAL CO	RD PR	ESTEME / - TI
	ANTECEDENT CAUSES		DUE TO	******************************		
	S OR CONDITIONS, if the abave cause (A)		10 (5	NUICAL S	POND 76	alis
	YING CONDITION last.			A		
-	II					
E TO TH	SIGNIFICANT CONDITIONS ( E DEATH BUT NOT REL	ATED TO THE				
DISEASE	E OF OPERATION 198. CON		PERATION	20A. AUTOPSY? (Yos or No	20B. IF YES WERE	FINDINGS CONSIDERED
19A. DAT		REORMED		NO	IN CERTIFYING CA	USES OF DEATH?
U 21A. AC	CIDENT WAS UNDERLYING		OF INJURY (o.g., i	n or obout 21C. WHERE DID	(If in Boltimore	City, give exact location)
<b>▼</b> DEATH (	TRIBUTING CAUSE OF notify modical examinar	etc.)	toctory, street, of	ffice bldg., INJURY OCCUR?		
OF INJU		(Hour) 21E. INJURY	OCCURRED	21F. HOW DID INJ	URY OCCUR?	
OF INJU		White At	Not Whil	е		
		Work L	At Work	MAU 18	-65	D110 10 6
	rtify that (1) (this hospita	. (1)	10 0	FINA	9 / to	/ / / / / / 19_0
	(we) lost sow the deceos		,		ot in(my) (our) opi	nion deoth occurred on the
		ted obove. (1) (We) (	did) (did not) v	iew the body ofter deoth.		
23A, SIGN	LATILDE	21				23 B. DATE SIGNED
156	ATORE					
	when Z.	grenew-	M.D. Atto	onding Med. Director	Stoff Phys.	8/10/65
23C.PHY	SICIANS REUBEN C.	GUERRERO	Phy		Stoff Phys. 2	8/10/65 to boso the
24A. BURIAL	SICIAM'S REUSEN C.  AND (Typo)  CREMATION, 1248, DATE	MANUAL 1845 1	Phy	23D. ADDRESS Wan Lekel	lo Stace	8/10/65 The Soft And States of Contract of
24A. BURIAL	SICIAN'S REUTEN C.	MANUAL 1845 1	M.D.	23D. ADDRESS Wan Lekel	lo Stace	to bogaty
24A. BURIAL REMOV	SICIAM'S REUSEN C.  AND (Typo)  CREMATION, 1248, DATE	24C, NAME OF C	M.D.  CEMETERY of CRI  WELL	23D. ADDRESS  Mon Lefell  EMATORY  24D. M	lo Stace	ty, town, or colonity) (Starte
24A. BURIAL REMOV	CREMATION, 248. DATE AL (Specify)  WELL STATE  AL (Specify)	24C, NAME of C	M.D.  CEMETERY OF CRE  WELL A	23D. ADDRESS  Mon telelematory  [Lelen 24D. 14]	lo Stac	to bogatas
24A. BURIAL REMOV	SICIANS REUDEN C.  CREMATION, 24B. DATE AL (Specify)  EC'D BY HEALTH DEPT.  G 12 1965 R.	24C, NAME OF C	M.D.  CEMETERY OF CRE  WELL A	23D. ADDRESS  Mon Lefell  EMATORY  24D. M	lo Stac	to the Angelia to the state of



VS 151-REV. 1/1/65

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BALTIMORE CITY HEALTH DEPARTMENT	Г

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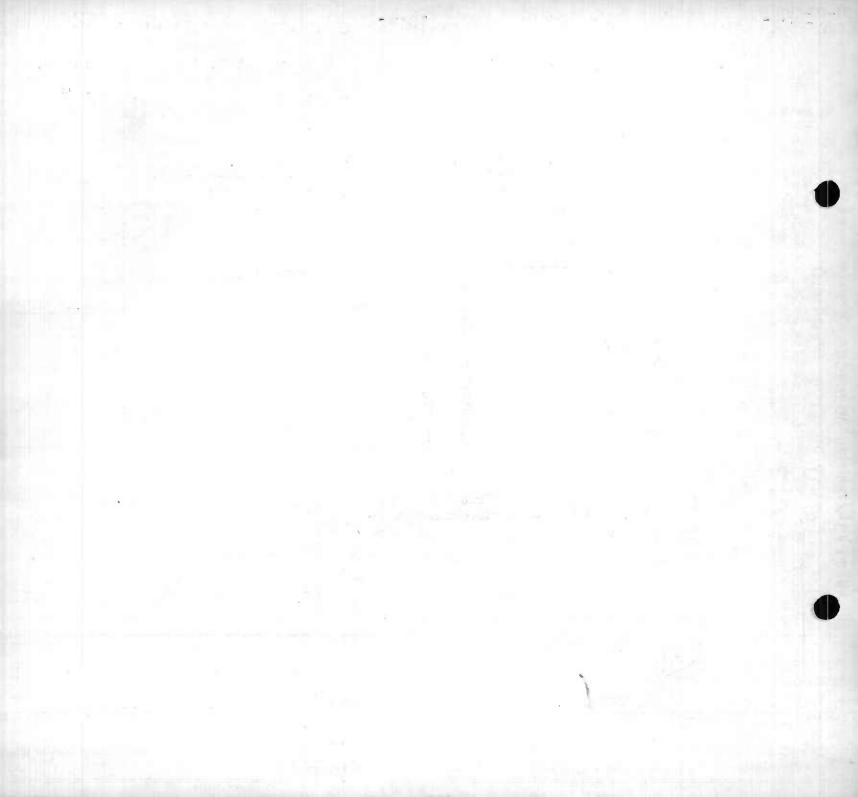
BIRTH NO. MEDICAL EXAMINER'S CE	EKIIFICALE OF DEATH Registered No.
M.E. CASE NO.	
1. NAME OF DECEASED (Type of Print)  MABLE JULIUS	2. Date and Hour Pronounced Dead 8/9/65 10:00 p.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
9	D. STREET ADDRESS (If rural, give locoton)
Provident Hospital	1923 Druid Hill Ave.
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH  9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Doys Hours Min.
female colored  10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY done during, most of working lile, even if relired)	11. BIRTHPLACE State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
Alpmettee	13. MOTHER'S MAIDEN NAME
Gr. 20 1 1 Share	11 7
15. WAS DECEASED EVER IN U.S ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give for or dotes of service) SECURITY NO.	Ednah Oliver
1B. CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	clerotic cardiovascular disease
(This does not meen the mode of dying, e.g., heart foilure, osthenia, etc. It means the disease, injury or complication which coused death.)	GIELOGIE CALGIOVASCULAI GISCASC
ANTECENDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
(C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
₹ 21A, EXTERNAL CAUSE WAS       21B, PLACE OF INJURY (e.g., i home, farm, foctory, street, of etc.)         UNDERLYING □ OR CONTRIB- UTING □ CAUSE OF DEATH.       to detc.)	in or about 21C. WHERE DID (If in Boltimore City, give exact location) ffice bldg., INJURY OCCUR?
21D TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
22.	opsy ond that on this basis, death in my opinion
resulted from: Notural couses Accident Suicide	
14/12	CHIEF MEDICAL EXAMINER
SIGNATURE MUTHIN OF M.D.	ASSISTANT MEDICAL EXAMINER X
EXAMINER'S NAME (Type) Werner U. Spitz, M.D.	ASSOCIATE MEDICAL EXAMINER 8/10/65
23A, BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY of REMOVAL (Specify)	CREMATORY 23D. LOCATION (City, town, or county) (Stote)
124A. DATE REC'D BY HEALTH DEPT. 7 24B. NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS
AUG 12 1965 Robert E, Farling .	Parale T. Elickson 1129 M. Call
VS 151. DEV 1/1/45	

BOADER MAN AGO VI TANTA

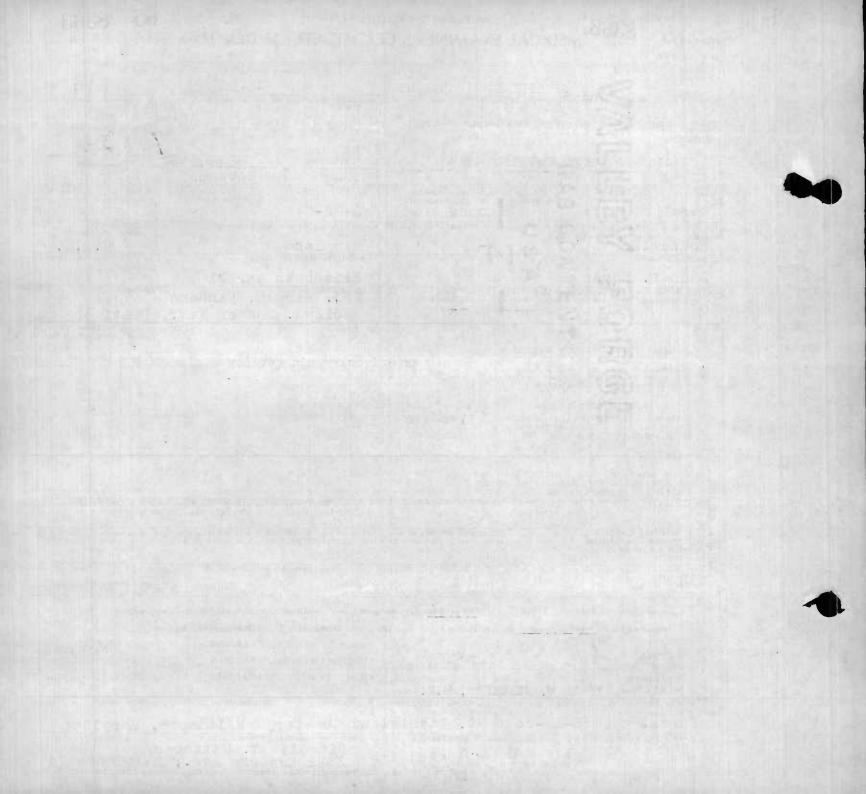
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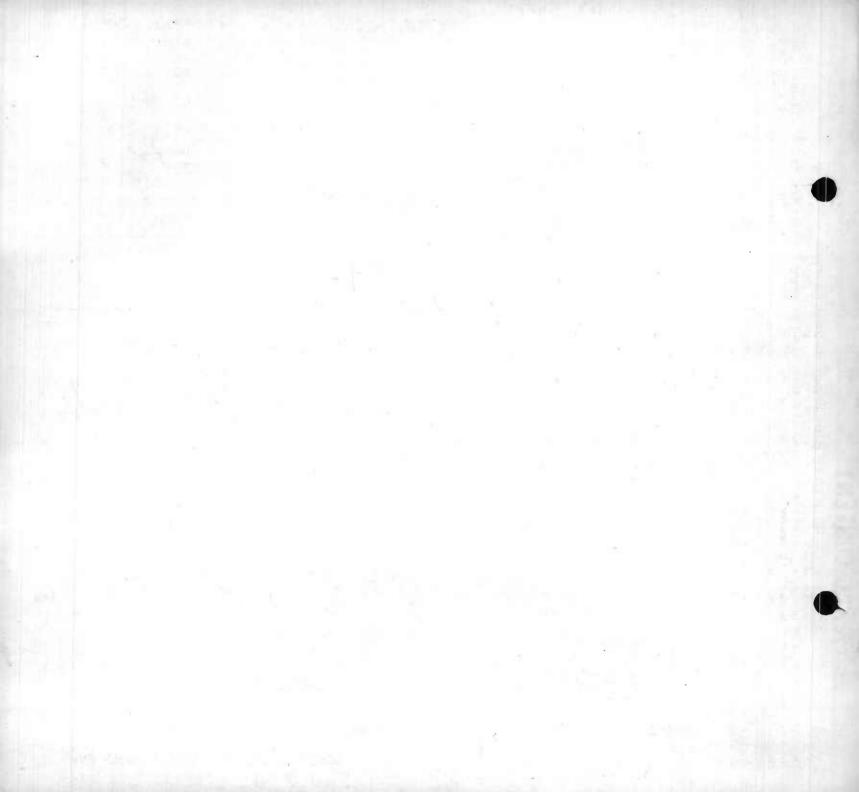
FUNERAL DIRECTOR:

				BALTIMORE CITY	HEALTH DEPARTMEN	IT	05 0001
	TH NO. E. CASE NO.	65	8361	CERTIFICA	TE OF DEAT	H Registered Na.	65 8361
1. N	IAME OF DECE	and	es He	ury Blume		10/65 11:03	AM 1103 A
3. P	PLACE OF DEAT	TH IN BALTIMORE, M	ARYLAND		4. USUAL RESIDENCE A. STATE B. C	(Where deceased lived. If ins	titution: residence before admission
ŀ	FULL NAME OF HOSPITAL OR NSTITUTION	oddress or locati	on)		Maryland	(If outside city limits, write R	rford UBAL and give township)
/1	Inim	Memoria	al Hos	spital	Salan	2/3/8	Baldwen
	70.0001	7 (6) 10			D. STREET ADDRESS	(If rurol, give location)	Ireen Ro
5. S	m	6. RACEWHITE	WIDOWED	NEVER MARRIED D, DIVORCED (specify)	5/5/79	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
					11. BIRTHPLACE (Stote o		12. CITIZEN OF WHAT COUNTRY?
	4.1	orking life, even if retired)  Farmer	Lew	Horac darwing	BeHIMO	re Co Maryla	USA
1 3.	Frede	4	Blum	~		line Heil	
		Ever in U. S. Armed Fo		1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	reggour	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	216	-46-8805	Mrs Grad	e e m Blume	Same
		3./1	INF CITE V		F DEATH		INTERVAL BETWEEN ONSET AND DEATH
	L	OR CONDITION D		(A) An	teriosclerot	ic Cardio -	
	heart failure, a	I meon the mode o	s the diseose,	DUE TO	Jascular 1	Dissare	
		NTECEDENT CAUSE		(B) Co	regestive h	earl Failur	8
		CONDITIONS, if		Bac 10	win Protest	- honostronly	
		obove couse (A)	Storing the	مبر (۵)	the Urusy (	Cetanton	
ATION	TO THE DE	II ICANT CONDITIONS ATH BUT NOT REI CONDITION CAUSING	ATED TO TH		Fibrillation	J	
ERTIFIC,		OPERATION 198. CO		WHICH OPERATION	20A. Aufopsy? (Yes	or No. 208, IF YES, WERE F	INDINGS CONSIDERED ISES OF DEATH?
AL CE	OR CONTRIBUT	T WAS UNDERLYING ING CAUSE OF medical examiner	21 B. hom etc.	PLACE OF INJURY (e.g., in e., form, foctory, street, of	or obout 21C. WHERE Difice bldg., INJURY OCCU	ID (If in Boltimore IR?	City, give exact location)
MEDIO	21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeor		INJURY OCCURRED		NJURY OCCUR?	
	22	has (1) (ship hannis			8/2/65	10 4- 5	5/10/65 10
		hat (I) (this haspite		«linlia	10		
		from the causes st		) (We) (did) (dld nat) v			ilan death accurred an the da
	23A. SIGNATUR		area above. L	Z (e) (Gta) (Gta Har) (	tew the body diter de	OIII.	23B. DATE SIGNED
	Richard	& Rider S	tephen	an M.D. Atte	ending Med. Director	Stoff Phys.	8/10/65
	PHYSICIAN NAME (Ty	rs pel R.de	Ston		23D. ADDRESS	Menoual	Hospital
244	A BURIAL CREM		24C. N/	AME of CEMETERY OF CRI	MATORY 2	D. LOCATION (Cit	y, town, or county) (State)
1	Buria	@ 8/13/1	965 6	hestnut :	Trove	Jacksonville	Maryland
25A	AUG 12	1965 Pole	258 NAM	OF REGISTRAR	Charles	E. Hent	Parrellaville, Me
VS	150-REV. 1/1/6	5		0 3 4 0	0787	5	



par-	8363		BALTIMORE CITY HEAL	TH DEPARTMENT		65 8	363
BIRTH NO D	MEDI	CAL EX	KAMINER'S CE	RTIFICATE OF	DEATH Registe		
M.E CASE NO.		-22-23					
1. NAME OF DE	CEASED			2. DATE AN	D HOUR PRONOUNC	ED DEAD	
	JOS	EPHINE	HORCHER	8-	8-65		10:20P M
3. PLACE IN BAL	TIMORE MARYLAND, W	HERE PRONO	UN CED DEAD	4. USUAL RESIDENCE (Where A. STATE	deceased lived. If inst	itution: residence JNTY	e before odmissio
FULL NAME OF	(IF NOT IN HOSPITA	AL OR INSTITU		Maryland			
HOSPITAL OR	ADDRESS OR LOCA	TION)		C. CITY OR TOWN (If outside	le corporote limits, write	RURAL ond gr	ve township)
		an-m1-		Baltimore		1-00	
BALT	IMORE CITY HO	SPITAL	- DOA	D. STREET ADDRESS (If rurol			
				533 S. Decker			
5. SEX	6. RACE	WIDO WED,	DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)		r. If Under 24 Hr s   Hours   Min.
Female	White	Wid	owed	3-22-04	61		2 1 2 12
	CUPATION (Give kind of work working life, even if retired)	TOB. KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or foreign	gn country)	12. CITIZEN O	OLINTRY?
Housew:		A 1 1 1 1 1 1	_	Maryland			.S.A.
3. FATHER'S NA	ME			Maryland 14. MOTHER'S MAIDEN NAM	E		
John L	. Doyas			Elizabeth M	arski		
15. WAS DECEAS	ED EVER IN U.S. ARMED		16. SO CIAL	17. INFORMANT Mary S		ADDRESS	
Yes, no or unknow:	n) (If yes, give wor or dote	s of service)	SECURITY NO.				
					cker Ave.,		
18. 4	221/1		CAUSE	OF DEATH			ERVAL BETWEEN SET AND DEATH
DISEA	ASE OR CONDITION DI	RECTLY					
/7L*. 4	LEADING TO DEATH		(A) Arter	iosclerotic card	liovascular	disease	
heart failure	not meen the mode of e, osthenio, etc. It meens	the disease,	DUE TO				
Injury or co	omplication which caused	deoth.)					
	ANTECENDENT CAUSE	S				2100	
	OR CONDITIONS, IF A		DUE TO				
	HE ABOVE CAUSE (A) ST ING CONDITION LAST,	IAIING THE					
Z			IC)				
E	11			7 15 - 1 2-4			
	DEATH BUT NOT REL						
E DISEASE C	OR CONDITION CAUSING						
19A. DATE O	F OPERATION 198, CON		WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIL	NDINGS CONSI	DERED
0	WAS PERI	TORMED		No	IN CERTIFIING CAU	SES OF DEATH	
21A. EXTERNA	AL CAUSE WAS	21 B.	PLACE OF INJURY (e.g., i	n or obout 21C. WHERE DID	(If in Boltimore City, gi	ve exoct locotio	n)
UNDERLYING UTING CAL	USE OF DEATH.	etc.)	e, tom, toctory, sireet, or	fice bldg., INJURY OCCUR?			
E 21D TIME	(Month) (Doy) (Yeor	) (Hour) 2	TE. INJURY OCCURRED	21F, HOW DID INJ	LIPY OCCILP?		
OF INJURY	(Wollin) (Doy) (Teor				DRI OCCOR:		
(APPROX.)		m. V	WHILE AT NOT W	ORK		NT TO STATE	
22.	rtify that I held an I	nguiry 🗌	Inspection X Auto	opsy and that on th	is bosis, deoth in n	ny oninion	
						-	
resu	Ited from: Notural car	uses A	Accident Suicide		Undetermined monne	er	
ACTUA	. / X /	9/1	0 /	CHIEF MEDICAL EX		D	ATE SIGNED
SIGNAT		) u	- Cel M.D.	ASSISTANT MEDICAL EX			
EXAMI		DEFONE	Da M D	ASSOCIATE MEDICAL E	XAMINER X		8-9-65
23A, BURIAL CRI			CRT, M.D.	CREAMATORY 22D 1	OCATION (City,	town, or county	v) (Stote)
REMOVAL (Speci	fy)				OCATION (City,	or coomy	(31016)
Buria.	1 8-12	-65	St. Stanisl	aus Cemetery	Baltimore	, Mary	land
	BY HEALTH DEPT.		OF REGISTRAR	24C. FUNERAL DIRECTOR		ADDR	ESS
AUG 1	12 1965 P.O.	1-03	a Dev All	Nicholas T			200 04
4	7000	チャン	Control and	SUZI EBSTE	ern Ave.,	Darcinc	re 24
VS 151-REV. 1/1	/65	, 0	-	1617	B 131 (00 (152-1		



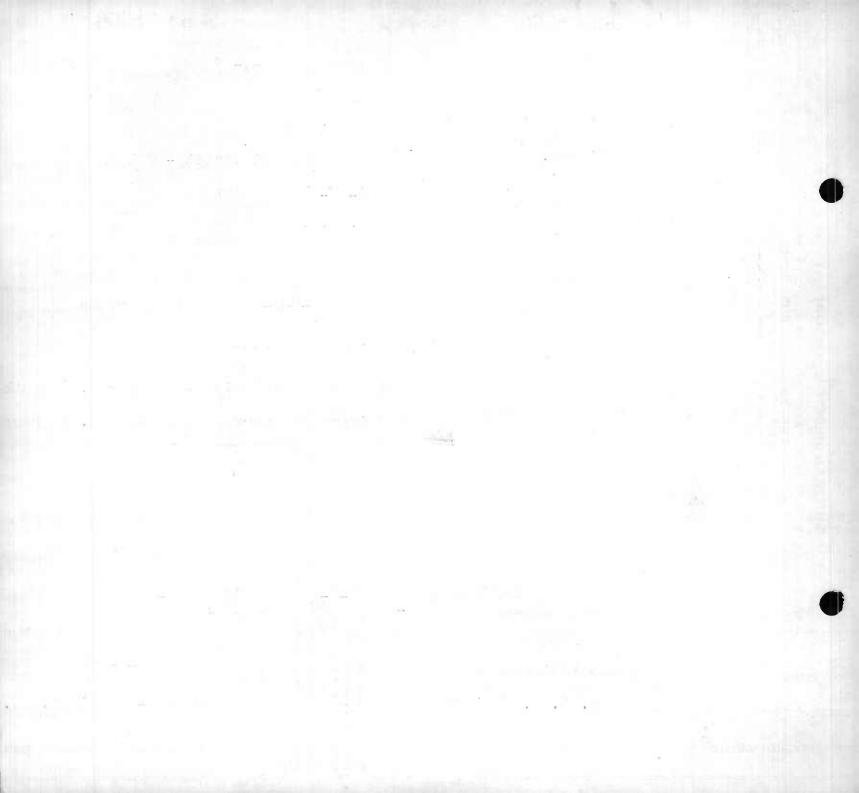


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U	4	9	U

8365 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.	o
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BIRT M.E	H NO.55	8365 MEDI		CAMINER'S CI			DEATH Registe	red No. 8	365
1. N	AME OF DEC	EASED FRANK		BROWN		2. DATE AN	D HOUR PRONOUNCE		40 p. "
FU L	L NAME OF SPITAL OR STUTION	MORE MARYLAND, W  (IF NOT IN HOSPITA ADDRESS OR LOCA  2 Bloom St.	AL OR INSTITU		C. CITY C	Maryland R TOWN (If outsid  Baltimore  ADDRESS (If rurol,	deceosed lived. If instance B. COU e corporate limits, write	tution: residence	before odmission)
5. S		6. RACE		NEVER MARRIED DIVORCED (specify)	B. DATE O	512 Bloom	9. AGE (In years lost birthday)	If Under 1 Yr. Months Doys	If Under 24 Hrs. Hours Min.
		orking life, even if retired)	TOR KIND OF	BUSINESS OR INDUSTRY		aryland	gn country)	12. CITIZEN OF WHAT COL	INTRY?
15. V	VAS DECEASED	Unknown  EVER IN U.S. ARMED (If yes, give wor or dote	FORCES? s of service)	16. SOCIAL SECURITY NO. 218-18-1286	Unk 17. INFORM		720 N Mount	ADDRESS	
ATION	(This does not heart foilure, injury or come and the company of th	E OR CÓNDITION DIL LEADING TO DEATH of meon the mode of osthenio, etc. Il meons pplicotion which coused of NTECENDENT CAUSE OR CONDITIONS, IF A ABOVE CAUSE (A) ST G CONDITION LAST.  II	dying e.g., the discose, death.) S NY, GIVING ATING THE	(B) DUE TO (C)	al str	angulation			
MEDICAL CE	DISEASE OR  9A. DATE OF  21 A. EXTERNAL  UNDERLYINOL  UTING CAUS  21 D TIME  OF INJURY  (APPROX.)  22.	WAS PERI CAUSE WAS OR CONTRIB- E OF DEATH.  (Month) (Doy) (Yeor)  8 7 65  Ify that I held on Ir ed from: Natural cau  JRE ER'S	218. I home of the control of the co	PLACE OF INJURY (e.g., form, foctory, street, on home  TE. INJURY OCCURRED  WHILE AT NOT NOT NOT NOT NOT NOT NOT NOT NOT NO	WHILE ORK ORK CHI	es 21c. WHERE DID NJURY OCCUR? 512 Bloom 21F. How DID INJU apparen and that on thi	TRY OCCUR?  tly strangle is basis, deeth in m Undetermined monne KAMINER  KAMINER	ve exoct locotion)	ERED  FE SIGNED
REN B	BURIAL CREA LOVAL (Specify) Urial	AATION, 23B DATE	5 M	Calvary Cel	met ry	MUNERAL DIRECTOR		Md Address W North	
VS	151-REV. 1/1/6	5 1 100	11	2 6 1 1	A "3	0 7 0			

El 2/65 the delicate described in A. A. Court Line



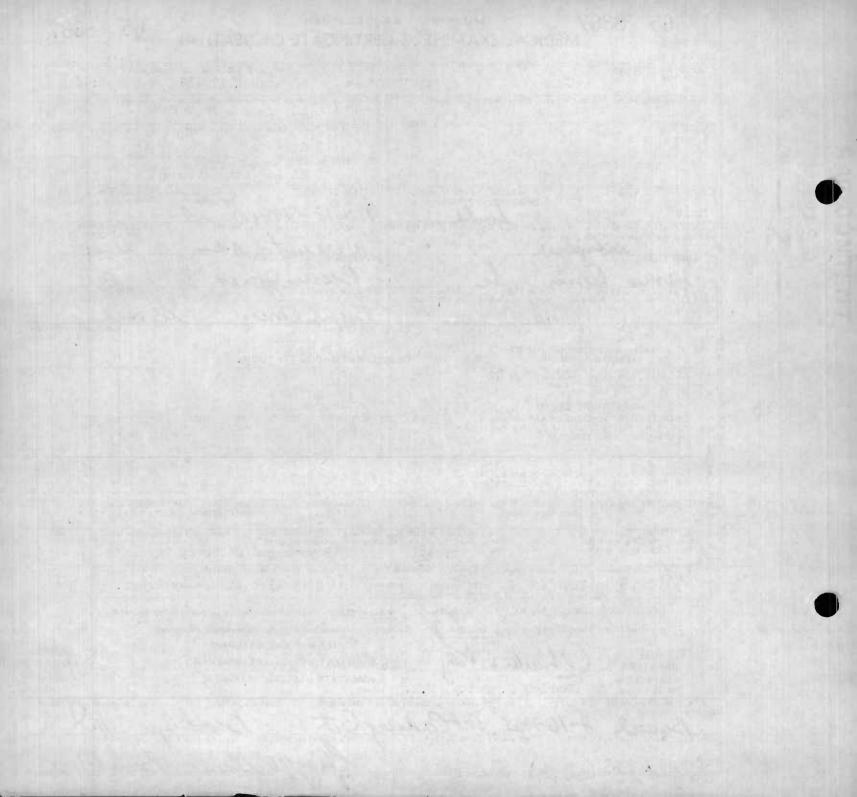
65 8367

BALTIMORE CITY HEALTH DEPARTMENT

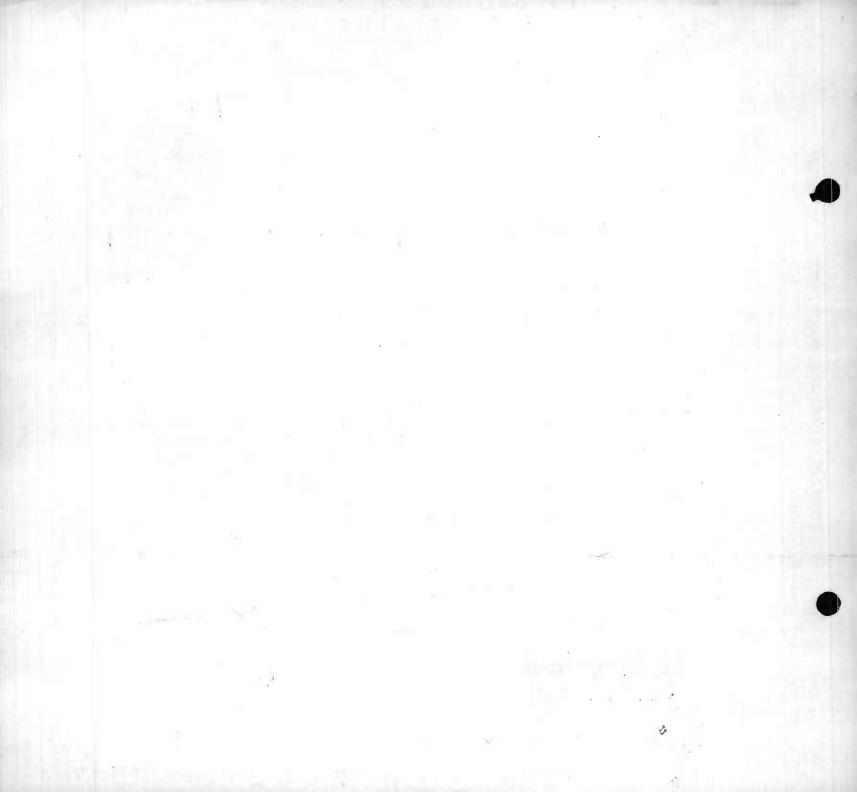
65 8367

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 8367

M.E. CASE NO.	14	IEDICAL EXA	MIINER 3 C	EKTIFICA	IE OF DE	A I II Kegistered No	•
1. NAME OF D (Type or Print)		JAMES	DAVIS	ge		OUR PRONOUNCED DEA	9:45 P
FULL NAME OF				A. STATE Mac. C. CITY OR TO  Bad. STREET ADD	ryland		
	of working life, even if a	of work IOB. KIND OF SU	RCED(specify)	8. DATE OF BIRT	- 1944 (State or foreign co	lost birthdoyl Month	Ider 1 Yr. If Under 24 Hrs. Ins. Doys Hours Min. IIZEN OF HAT COUNTRY?
	SED EVER IN U.S. A		SOCIAL SECURITY NO.	17. INFORMANT	Dones	ADDR	ESS
(This doe heart failt injury or DISEASE RISE TO	ASE OR CONDITION LEADING TO IS s not meen the more, osthenio, etc. It complication which complimes above cause ring condition	DEATH  ode of dying, e.g., meons the disease, oused death.)  CAUSES  S, IF ANY, GIVING (A) STATING THE	(A) Cran	iocerebra	al Injury.		INTERVAL BETWEEN ONSET AND DEATH
O THE		TIONS CONTRIBUTING OT RELATED TO THE	(C)				
19A. DATE		S. CONDITION FOR WHI AS PERFORMED	CH OPERATION	20A. AUTOPS	IN	CERTIFYING CAUSES OF	
UNDERLYIN	CAUSE WAS GROWN CONTRIB- AUSE OF DEATH.  (Month) (Doy)  8 11	etc./	Street INJURY OCCURRED LE AT   NOT	Pay 21F. H WHILE TX Bi	rson and M	n Boltimore City, give exocution Stree occur?  truck by truc	ts 21_01
ACTU SIGNA EXAM	TURE	on Inquiry Ir	dent Suicid	or Homic CHIEF A		INER 🗵	DATE SIGNED 8/12/65
23A. BURIAL C REMOVAL (Spe	REMATION, 23B. DA	16-1965 Da	He of CEMETERY	y Cent	PAL DIRECTOR	Swoblyn Sen wid Bu	ADDRESS



, 00 00	BALTIMORE CIT	Y HEALTH DEPARTMENT		CAMIL CAMILLA
BIRTH NO.	CERTIFICA	ATE OF DEATH	Registered No	65 8368
M.E. CASE NO.		2. DATE A	HO HOUR OF DEATH	Au
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Wh	ere deceased lived. If	institution: residence before o
FULL NAME OF (If not in hospital or instituti	on, give street	Md. B	Altimore	5-01
HOSPITAL OR oddress or locotion)		111		RURAL and give township)
Johns Hopkins Hos	Difal	D. STREET ADDRESS (	rural, give trangen)	
		33-7/	1. Ede	n) St
5. SEX 6. RACE 7. MARR WIDO	HED NEVER MARRIED WYO, DIVORCED (specify)	8. DATE OF BIRTH 3-18-31	9. AGE (In years lost birthday)	Months Doys Hours
IOA, USUAL OCCUPATION (Give kind of work 10B, KINE done during most of working life, even if retired)	OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or for	eign county()	12. CITIZEN OF WHAT COUNTRY?
Unterslowy)	2	Bult me		US. A
13. FATHERS NAME	1	14. MOTHER'S MAIDEN NA		
Tolert Star	ham	Lucill	e. 7,0,	Cerci.
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)	1 6. SOCIAL SECURITY NO.	17/INFORMANT	1	ADDRESS
OAA.	JECORIII NO,	Dollars 1	ATT Acres	0
1B. 1/4/ V	CAUSE	OF DEATH	Ju cou	INTERVAL BETW
DISEASE OR CONDITION DIRECTLY	A 1			ONSET AND DE
LEADING TO DEATH	(A) C	ephrosderos	5	Wegen:
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the dise	ose, DUETO	upentension		26 yan
injury or complication which caused death.)	IN IA	UDENTENSION:		26 year
ANTECEDENT CAUSES		17		0
DISEASES OR CONDITIONS, if ony, giverise to the abave couse (A) stoting			na s s s g g d g s s s s s s s p has s s s s s 600 d	
UNDERLYING CONDITION last.				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION F		20 A. AUTOPSY? (Yes or N	lo) 20B. IF YES, WERI	FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED		No	IN CERTIFYING C	AUSES OF DEATH?
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g.	office bldg., INJURY OCCUR?	(If in Boltime	ore City, give exact location)
DEATH (notify medical examiner)	etc.)			
	21 E INJURY OCCURRED	21 F. HOW DID IN	JURY OCCUR?	
(APPROX)	While At Work At Work	hile hile		
22. I certify that (1) (this hospital) attended	L		19 65 to 8	12
that (1) (we) last saw the deceased alive	RIA	16		olnion death occurred or
and hour and from the causes stated above				
23A. SIGNATURE		,		23B. DATE SIGNED
Mr. H. Sourney M.	M.D. A	ttending Med. hys. Director	Stoff Phys.	8/12/65
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS		
DR. W.H. SPENCER	M.E	Johns Hon	kils Hos	:441
24A. BURIAL CREMATION, 24B. DATE 240	C. NAME OF CEMETERY OF C		LOCATION	City, town, or county)
REMOVAL (Specify)	mtola.	01	Burba	. h
25A, DATE REC'D BY HEALTH DEPT. 25B. NAM	ME OF REGISTRAR	250. FUNERAL DIRECTO	OR DE PORT	ADDRESS
AUG 13 1965 ( ) BY HEALTH DEPT. 258. NAME OF STREET STREET	Farley Miss.	Blue (01)	Lelie INT	& Benen Hole
VS 150-REV. 1/1/65	3	The state of the	xer jul	- remary



IMPORTANT

DIRECTOR:

FUNERAL

ILL COME THE STREET

N-620

VS 151-REV. 1/1/65

IRTH NO.	MEI	DICAL EX	AMINER'S C	ERTIFICATE C	OF DEA	TH Registe	red No.5	8370
A.E. CASE NO.								
ype or Print)		D 3			TE AND HOU	PRONOUNCE		1 05 4
DI ACE IN DA	LTIMORE MARYLAND,		NORRIS . ST	MA HEHAL BESIDENCE	8-11-65	d Brand If Imag	itutioni maidan	1:25 A. M.
JLL NAME OF	(IF NOT IN HOSE	PITAL OR INSTITU	TION, GIVE STREET	4. USUAL RESIDENCE ( A. STATE  Maryland  C. CITY OR TOWN (IF			TELIO	ra
OSPITAL OR	ADDRESS OR LO	CATION)		Bel Air	outside corpore	ie iimiis, whie	KUKAL ond	give township
τ	UNIVERSITY HO	SPITAL		D. STREET ADDRESS (			933	
SEX Molo	6. RACE		NEVER MARRIED DIVORCED (specify)	June 10, 19	9. A	GE (In years birthday)		Yr. If Under 24 Hrs ys Hours Min.
Male A USUAL OC	White CUPATION (Give kind of w			Y 11. BIRTHPLACE (State of			12. CITIZEN	
utomobi	f working life, even if retired	Used Ca	r Lot-Owner	Baltimore,			WHAT	SOUNTRY?
FATHER'S NA	ME			14. MOTHER'S MAIDEN				
Dav	rid Calvin No	rris		Carrie L				
	SED EVER IN U.S. ARM		16. SOCIAL SECURITY NO.	17. INFORMANT (W11	· 879_89	15,44	. Reed	0+/
No			212-18-8788	Mrs. Evelyn	S. Norr	S 227 A	ir. Md.	
DISEASES RISE TO T UN DERLY	s not meen the mode re, osthenic, etc. It met complication which couse ANTECENDENT CAU S OR CONDITIONS, IF THE ABOVE CAUSE (A) ING CONDITION LAS II GNIFICANT CONDITION DEATH BUT NOT OR CONDITION CAUSI	ISES ANY, GIVING STATING THE T.  NS CONTRIBUTING TELATED TO THE						
19A. DATE C	OF OPERATION 198. CO	ONDITION FOR V	VHICH OPERATION	20A. AUTOPSY? (Yes		YES, WERE FILE	SES OF DEAT	
UNDERLYING UTING CA  21 D TIME OF INJURY (APPROX.)		eor) 1 (Hour) 2	Home	in or obout 21C. WHERE office bldg, INJURY OCC 111 S.	Reed St	incore City. gi edroom reet, E	ve exoct local	
ACTU. SIGNA EXAM	TURE INER'S	Inquiry   Eauses   A	Inspection Au	topsy X and that le X Hamicide CHIEF MEDICA , ASSISTANT MEDICA ASSOCIATE MEDICA	AL EXAMINE	mined manne	er 🗌	DATE SIGNED  8-11-65
BA. BURIAL CI	REMATION, 23B. DATE		NECKER, M.D. E. NAME of CEMETERY 5 Bel Air Men	The second second	23D. LOCATIO		town, or cour	
	D BY HEALTH DEPT.		OF REGISTRAR	24C. FUNERAL DIR		W. Br	roadwa y	& William

Joseph William Foster

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June 10, 1915

Construent, and the governor and the second office of the

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AS BOOK . B 244 SACOLONICOLAND

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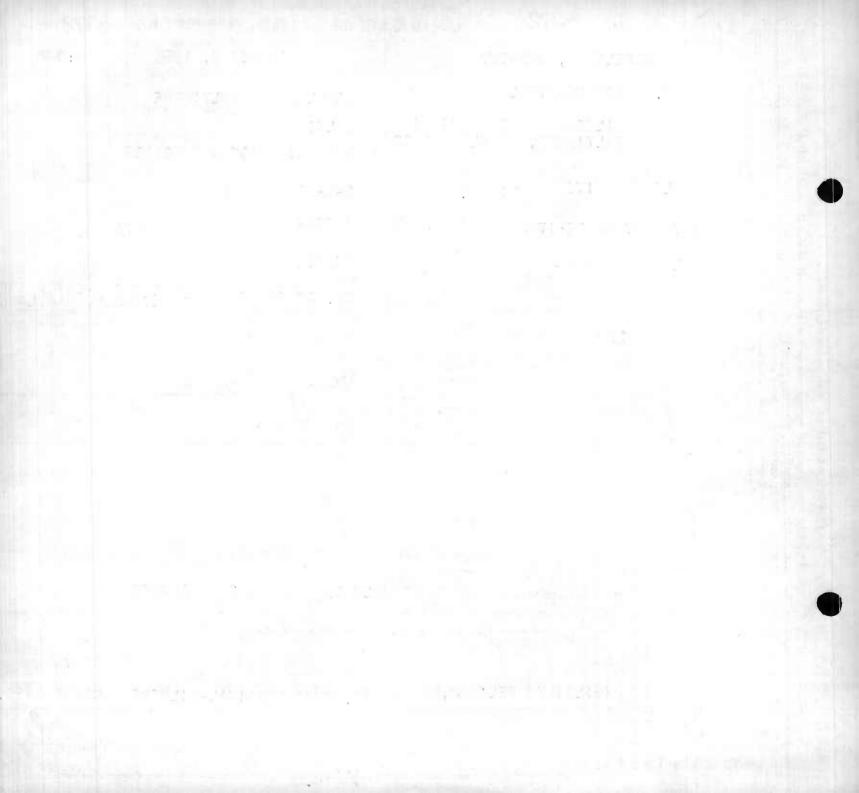
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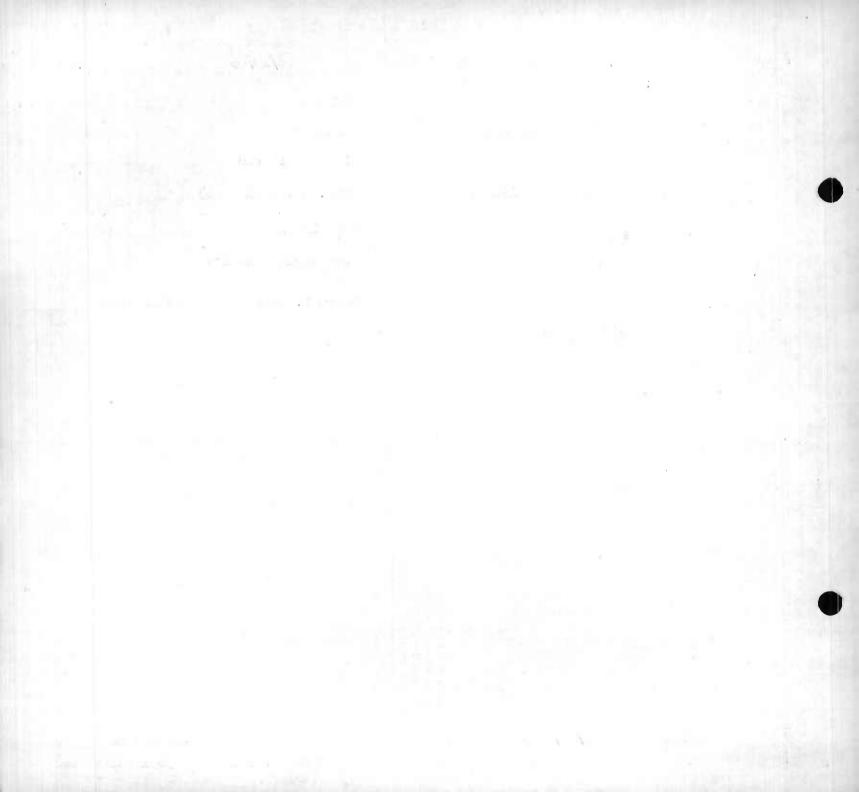
\$120/65 - Full term - abil form delibered by lessuean section - Information from med. Cx, office in shore ge

(Type or Pr	E NO. DE DECEASED  ON THE TOTAL PROPERTY OF	DOROTHY	AUG	Registered No. 6	9:00P N
	WILKENS		A. STATE B. COUL MARYLAND C. CITY OR TOWN (IF of BALTIMORE D. STREET ADDRESS (IF	BALTIMORE utside city limits, write RURA	•
dane during	L OCCUPATION (Give kind of wo		2-2-12 STRY 11. BIRTHPLACE (Stote or fore	eign country)  Mo  12	Under 1 Yr. If Under 24 Hrs. nths Days Hours Min. CITIZEN OF WHAT COUNTRY?
PAUL	RS NAME	orces? 16. SOCIAL	14. MOTHER'S MAIDEN NA BESSIE 17. INFORMANT		ADDRESS CATON A
DISEA	daes not mean the made of faiture, asthemia, etc. It mean at complication which couse ANTECEDENT CAUSE ASES OR CONDITIONS, if to the above cause (A ERLYING CONDITION lost.	of dying, e.g., as the disease, ad deoth.)  ES (B) Out TO Ony, giving a) stating the (C)	Biliary	Cirrhinis	
DISEA 19A. D. 21A. A		IT. NOTION FOR WHICH OPERATION REFORMED	20 A. AUTOPSY? (Yes or N YES .g., in or obout 21 C. WHERE DID R. office bldg., NJURY OCCUR?	a) 208. IF YES, WERE FIND IN CERTIFYING CAUSES	INGS CONSIDERED OF DEATH?
21 D. TI OF INJ	ME (Manth) (Day) (Year	i) (Haui) 21E, INJURY OCCURRED	While Vork		- 0 /-
and he	() (we) lost saw the deceas	Beltra M.D.	19 65 and th		death accurred an the date  DATE SIGNED  S-S-GV  US & CATON AVE
24A. BURIA REMO	AL CREMATION, 248. DATE			LOCATION (City, to	wn, or county) (State)



BIRTH NO. CERTIFICA	ATE OF DEATH Registered No.	
M.E. CASE NO.	ATE OF DEATH Registered No.	5 8373
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR OF DEATH	1 1 00
Mrs. Anna Callan Tunney 3. PLACE OF DEATH IN BALTIMORE, MARYLAND	8/10/65	stitution: residence before od
FULL NAME OF (If not in hospital or institution, give street address or tocotion)	A. STATE B. COUNTY Maryland	77-15
INSTITUTION	C. CITY OR TOWN (If outside city limits, write	RURAL ond give township)
Bon Secours Hospital	D. STREET ADDRESS (If rurol, give location)	
5. SEX   6. RACE   7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under
Female White Widow Widow	Sept. 18. 1881 83	If Under 1 Yr. If Under Months Doys Hours
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTI	RY 11. BIRTHPLACE (Stole or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Pennsylvania	USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Thomas Callan	Mary Regina McGuire	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)(II yes, give wor or dotes of service)  16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
no	Edward C. Tunney 4250 Fall	lls Road
18. 443 X 1 CAUSE	OF DEATH	INTERVAL BETWO
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A)	PNEUMONIA	
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  (B)	HIPERTENSIVE CARDIOVAICULAR	25 YEARS
UNDERLYING CONDITION Iast.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21B. PLACE OF INJURY (e.g.,	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE F	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUTING CAUSE OF home, form, foctory, street,	in or obout 21C. WHERE DID (If in Boltimore olice bldg., INJURY OCCUR?	City, give exact tocotion)
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY While At [ Not W]		
(APPROX) Work At Wor		VC115- 5 10
22. I certify that (I) (this hospital) attended the deceased fram that (I) (we) last saw the deceased olive an	They 1 ond that in (my) (aur) apie	OCUST 8 19
22. I certify that (I) (this hospital) attended the deceased fram	They 1 ond that in (my) (aur) apie	nian death occurred an
22. I certify that (I) (this hospital) attended the deceased fram	ond that in (my) (aur) apid	PCVST 8 19 nian death occurred an 238. DATE SIGNED
22. I certify that (I) (this hospital) attended the deceased fram	ond that in (my) (aur) apid view the body after death.  Med. Stoll Phys. Phys.	nian death occurred an
22. I certify that (1) (this hospital) attended the deceased fram that (1) (we) last saw the deceased olive an	ond that in (my) (aur) apis  view the body after death.  Med. Stoll Phys.	nian death occurred an
22. I certify that (I) (this hospital) attended the deceased fram that (I) (we) last saw the deceased clive an and haur and from the causes stated obave. (I) (We) (did) (did nat)  23A. SIGNATURE  A.D. A.D. A.D. A.D. A.D. A.D. A.D. A.D	ond that in (my) (aur) apid one the body after death.  Med. Director Phys.  23D. ADDRESS  D. 1701 MERIDENE DR. B.	238, DATE SIGNED
22. I certify that (I) (this hospital) attended the deceased fram	ond that in (my) (aur) apis  view the body after death.  Attending Med. Director Phys. D  23D. ADDRESS D. 1701 MERIDENE DR. B  CREMATORY 24D. LOCATION (Cit	238, DATE SIGNED  PETINIOLES. M
22. I certify that (I) (this hospital) attended the deceased fram that (I) (we) last saw the deceased clive an	ond that in (my) (aur) apis of the body after death.  Attending Med. Stoll Phys. 23D. ADDRESS D. 1701 MERIDENE DR. B.  CREMATORY 24D. LOCATION (Cit. Company)  25C. FUNERAL DIRECTOR	238, DATE SIGNED  PETINIOLES. M

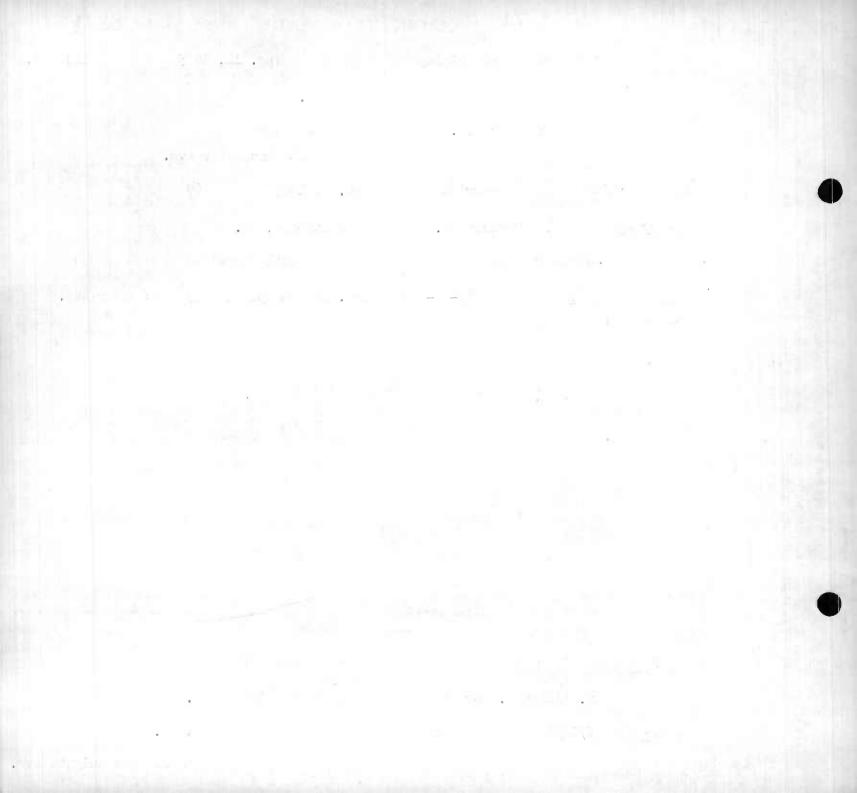
FUNERAL DIRECTOR: IMPORTANT



IMPORTANT

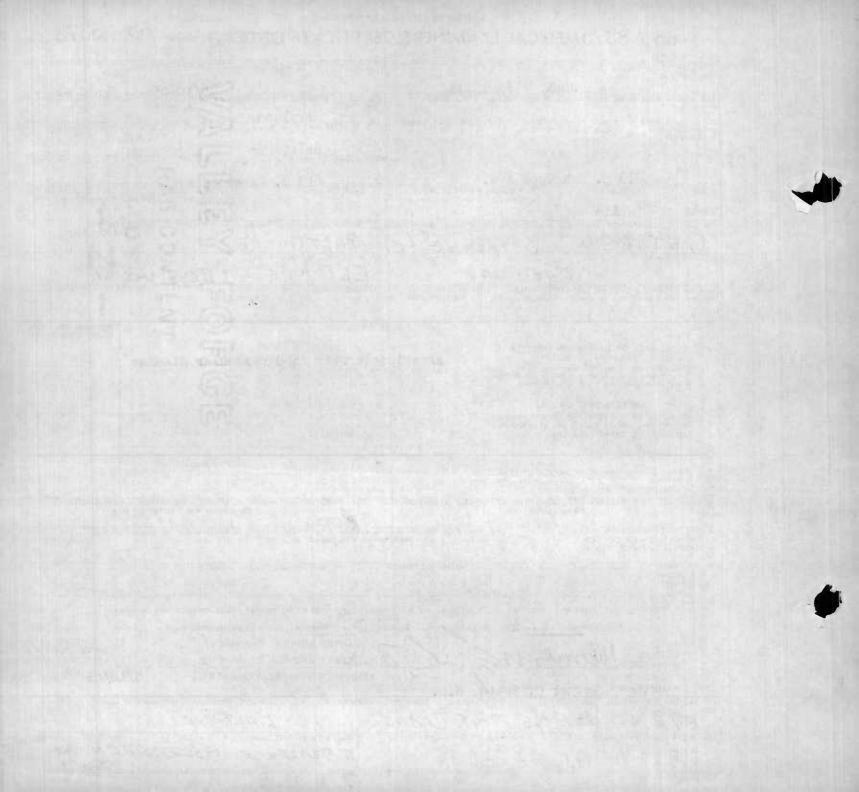
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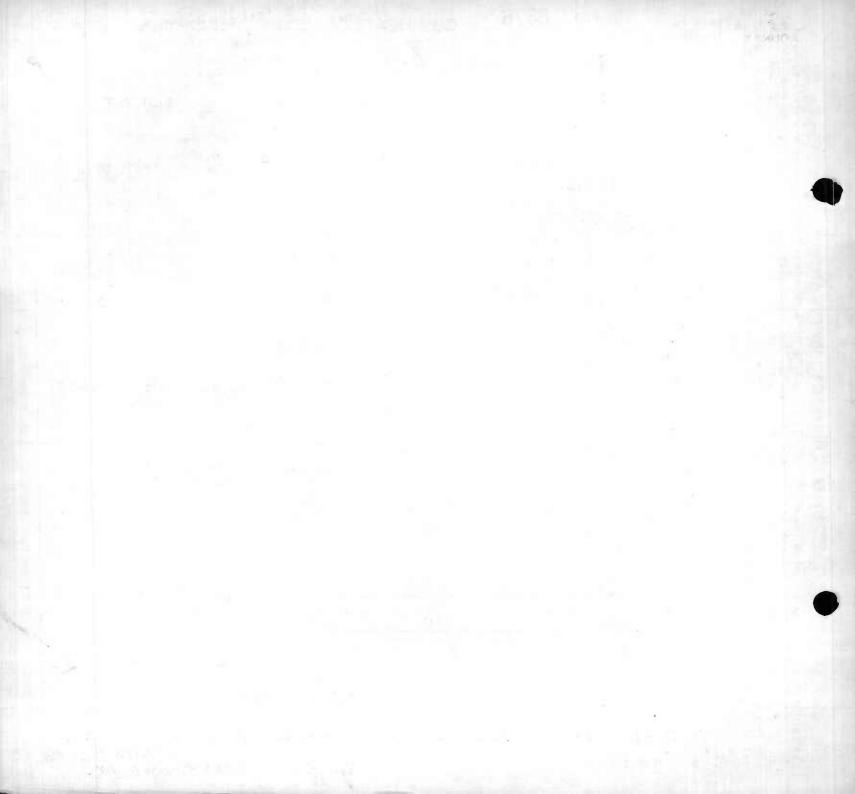
BALTIMORE CITY HEALTH DEPARTMENT



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DOINE			_		100
MY / MAEDICAL	EV A AAINIED'C	CEDTICICATE		DEATH	D
8375 MEDICAL	EVAWIIJEK 2	CERTIFICATE	OF	DEATH	Registered No
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0					

BIRTH NO	8375 MEDI	ICAL EXAMINER'S C	ERTIFICAT	TE OF DEATH Registe	ered No. OU ()
M.E. CASE NO.					
1. NAME OF DEC	CEASED			2. DATE AND HOUR PRONOUNC	ED DEAD
	JOHN	FABISZAK		BIO/6	55 11:30 a. M.
3. PLACE IN BALI	IMORE MARTLAND, W	HERE PRONOUNCED DEAD	A. STATE	B. CO	infutron: residence before allmission) UNTY
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITA	AL OR INSTITUTION, GIVE STREET ATION)		ryland WN (If outside corporate limits, writ	e RURAL ond give township)
3				ltimore	07
THE REAL PROPERTY.	070 0 - 1		D. STREET ADDI	RESS (If rural, give location)	
5. SEX	813 S. Lakewo	7. MARRIED, NEVER MARRIED	B. DATE OF BIRT	3 S. Lakewood Ave.	TR Under 1 V. R Under 24 Har
		WIDOWED, DIVORCED (specify)	B. DATE OF BIRT	H 9. AGE (In years lost birthday)	Months Doys Hours Min.
male	white			71	
	JPATION (Give kind of work working lite, even if retired)	Shind of Business or industri	BALT	(State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAM		Dispersion of	4. MOTHER'S M	AIDEN NAME	
	FA	BISZAK	ELIZA	A BETH PRZYE	SILSIEI
	D EVER IN U.S. ARMED	FORCES? 16. SO CIAL	17. INFORMANT		ADDRESS
res, no or unknown	(If yes, give war or date	security No.			
18.	73.7	CALLS	E OF DEATH		INTERVAL BETWEEN
4	8. / I		OF DEATH		ONSET AND DEATH
DISEAS	SE OR CONDITION DI		colematic.	o-mdi orro 3i	The state of the s
(This does n	not mean the made of	dying e.g., DIE TO	scierotic	cardiovascular dis	ease
injury or cor	osthenio, etc. tt meons mplication which coused	deoth.)			
	NTECENDENT CAUSE				
	OR CONDITIONS, IF A	(R)			***************************************
RISE TO TH	E ABOVE CAUSE (A) ST	TATING THE			
		(C)	•••••••		
OTHER SIGN	II .				
OTHER SIGN	NIFICANT CONDITIONS DEATH BUT NOT REI				
DISEASE OF	R CONDITION CAUSING				
19A. DATE OF	OPERATION 198, CON	IDITION FOR WHICH OPERATION	20 A. AUTOPSY	? (Yes or No) 20B, IF YES, WERE FI	
			mo	yes	
O UNDERLYING	L CAUSE WAS OR CONTRIB- SE OF DEATH.	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	office bldg., INJURY	WHERE DID (If in Boltimore City, g	ive exact location)
21D TIME	(Month) (Day) (Year	r) (Hour) 21E, INJURY OCCURRED	21F. H	OW DID INJURY OCCUR?	
OF INJURY (APPROX.)			WHILE		
22. 1 cert	tify that I held an li		work 🔲	d that an this basis, death in i	my apinian
resul	ted fram: Natural car	uses X Accident Suici	de Hamici	de Undetermined mann	er
	4.45		CHIEF M	EDICAL EXAMINER	
ACTUAL		11/1/		EDICAL EXAMINER	DATE SIGNED
SIGNAT		1 14 M.I	•	EDICAL EXAMINER	8/10/65
EXAMIN		U. Spitz, M.D.	ASSOCIATE M	EDICAL EXAMINER	0/10/05
23A, BURIAL CREA	MATION, 238 DATE	23C. NAME of CEMETERY	or CREMATORY	23D. LOCATION (City	, town, or county) (Stote)
REMOVAL (Specify	11 10-17-	65 MT. CARME	=,	BALTIMORE	
BUR /		24B, NAME OF REGISTRAR	DAC FUNED	AL DIRECTOR	ADDRESS
	400E A	4 46 8	T DO	AZEWSKI-1930 E	ASTERN AVE-
AUG 13	1965 R. C.	& E tarky M.M.	F. 021	TEBUSE 1-1750 X	21231
V\$ 151-REV. 1/1/	65		078	8 0	

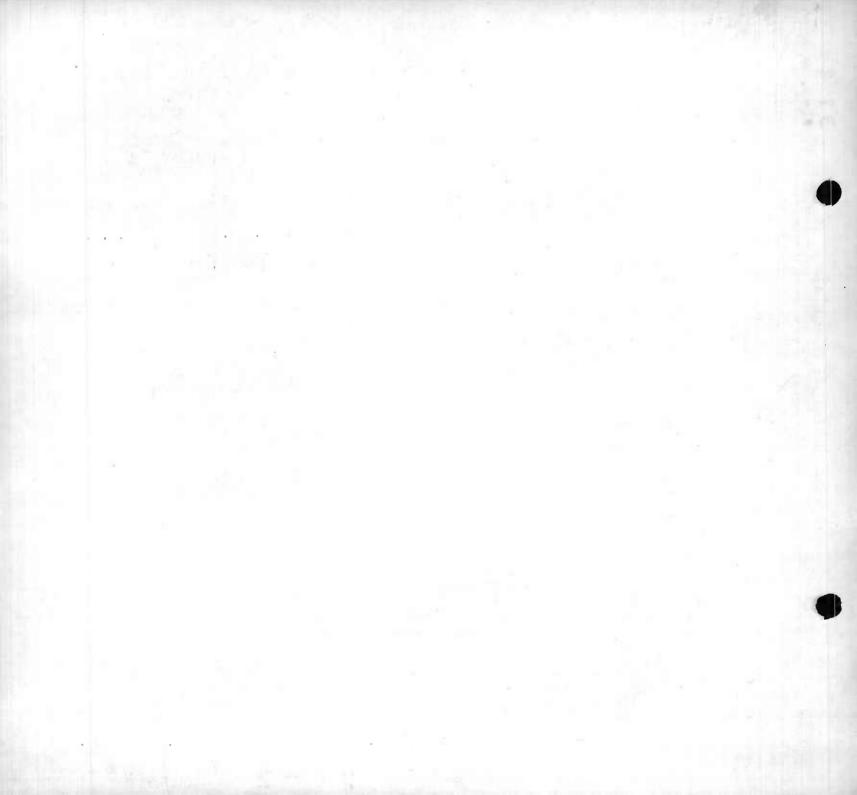




	ne domin	BALT	MORE CITY HEALT	TH DEPARTMENT		() P () Challed
BIRTH NO.	65 8 MED	ICAL EXA	MINER'S CE	RTIFICATE OF	DEATH Registe	ered 65 8377
M.E. CASE NO.						
1. NAME OF D	DECEASED ALC	ABUS		2. DATE	AND HOUR PRONOUNC	ED DEAD
tiype or Filmi	TACAE	TS H.	SCHOFF		8/10/	65 8:15 a. M
3. PLACE IN BA	ALTIMORE, MARYLAND, W			4. USUAL RESIDENCE (Whe	re deceased lived. If ins	titulian: residence before admission)
				A. STATE Marylan	B. COL	YTAL
FULL NAME OF	F (IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITUTION	, GIVE STREET			e RURAL and give township)
INSTITUTION	7,00,100,000			Baltimo		16-11
10						0 0
0				D. STREET ADDRESS (If ro		
		. Highland			lighland Ave.	
5. SEX	6. RACE	7. MARRIED, NEVE WIDOWED, DIVO		B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Manths   Days   Hours   Min.
male	white		(OLD (Specify)	11/14/94	70	
		k 108. KIND OF BUS	NESS OR INDUSTRY	11. BIRTHPLACE (State or for		12. CITIZEN OF
1 4 01	of warking life, even if retired)	DA: 1	)	7771		WHAT COUNTRY?
13, FATHER'S NA	Transit Co.	Gellerold	/	14. MOTHER'S MAIDEN NA	AAF	1 4,50
13. FAIHER 3 IN	J.			14. MOTHER'S MAIGEN NA	ÎME	
	· ·		2012/10			
	SED EVER IN U.S. ARMED		CIAL ECURITY NO.	7. INFORMANT	0	ADDRESS
1103, 110 01 011111101	with year, give war or dole		8-10-1361	Mrs. Tolun	un 289	Belland
110		911		7		4 ,
18.42	2 / 1		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISE	ASE OR CONDITION DE	RECTLY	Ant and a	sclerotic cardi	amanulan di	
(21.	LEADING TO DEATH			scretoric card	covascutar di	sease
heart failu	s not mean the made of tre, osthenia, etc. It means complication which caused	dying, e.g., the disease.	DUE TO			
injury or o	complication which caused	death.)				
	ANTECENDENT CAUSE	= 5				
DISEASE	S OR CONDITIONS, IF A		(B) DUE TO	*******************************		
RISE TO	THE ABOVE CAUSE (A) S	TATING THE	500 10			Processing the Control of the Contro
	YING CONDITION LAST.		(C)			
0	ii .					
OTHER SI	IGNIFICANT CONDITIONS	CONTRIBUTING				
O THE	DEATH BUT NOT RE	LATED TO THE				
	OR CONDITION CAUSING			Lea Allea Baye (V		
O A DATE	OF OPERATION 198. CON		H OPERATION	20 A. AUTOPSY? (Yes or N	IN CERTIFYING CAU	
UNDERLYING	AL CAUSE WAS	21 B. PLAC	E OF INJURY (e.g., in	n or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	(If in Baltimore City, gi	ve exact location)
UTING CA	AUSE OF DEATH.	etc.)	.,,,,	Joseph Houri Godon.		
E 21D TIME	(Month) (Day) (Yea	(Hour) 21E. IN	JURY OCCURRED	21F, HOW DID IN	IIIIDY OCCIID?	
OF INJURY	tivionini (Day) (lea				JORI OCCOR:	
(APPROX.)		m. WHILE	AT W	ORK		
22.						
	ertify that I held on I	_	pection X Auto		this basis, deoth in r	ny apinion
res	ulted from: Natural co	uses X Accid	ent Suicide	Homicide	Undetermined mann	er
		6	- / _	CHIEF MEDICAL	EXAMINER _	DATE CLOVED
ACTU		11. m		ASSISTANT MEDICAL	EXAMINER X	DATE SIGNED
	TURE PUC MOS	1				8/10/65
	INER'S Werner	r U. Spitz,	M. D	ASSOCIATE MEDICAL	EXAMINEK	0/20/09
23A. BURIAL CI	REMATION, 23B DATE	/ 23C. NA	ME of CEMETERY or	CREMATORY 23D	LOCATION (City	, lawn, ar county) (State)
REMOVAL (Spec		2/1	2 1	h + '	201	2011
Suria	1 0//	1/60 /3	alto.	tallonal	salto.	Illa.
24A. DATE REC'	D BY HEALTH DEPT.	248, NAME OF RE	GISTRAR	24C. FUNERAL DIRECT	OR C	ADDRESS 0
ALIC	1 0 1005 0 0	0070		X' M	300 M	Tall Jall
AUG	13 1965 R. Cre	DE, Jan	Culton .	Honnelly	200 11/0	ce Um. 21
VS 151-REV. 1/	1/65	1 / 14	2	1 60	1	

THE RESERVE OF THE PARTY OF THE 

-	BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. 5 8378  CERTIFICATE OF DEATH					
h. Su	NAME OF DECEASED  Type or Print)  HENRY  MOHR  PLACE OF DEATH IN BALTIMORE MARYLAND  PLACE OF DEATH IN BALTIMORE MARYLAND  11.18					
ior to deat	FULL NAME OF HOSPITAL OR INSTITUTION  (If not in haspital or institution, give street eddress or location)  (If not in haspital or institution, give street eddress or location)  (If not in haspital or institution, give street eddress or location)  (If not in haspital or institution, give street eddress or location)  (If not in haspital or institution, give street eddress or location)  (If not in haspital or institution, give street eddress or location)					
0	THE JOHNS HOPKINS HOSPITAL  D. STREET ADDRESS (If rurol, give locotion)  9525 PULASKI HIGHWAY					
	SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) Months: Days Hours A 9. AGE (In years lost birthday) Months: Days Hours A 9. AGE (In years lost birthday) Months: Days Hours A 9. AGE (In years lost birthday) Months: Days Hours A 9. AGE (In years lost birthday) Months: Days Hours A 9. AGE (In years lost birthday) Months: Days Hours A 9. AGE (In years lost birthday) Months: Days Hours A 9. AGE (In years lost birthday) Months: Days Hours A 9. AGE (In years lost birthday) Months: Days Hours A 9. AGE (In years lost birthday) Months: Days Hours A 9. AGE (In years lost birthday) Months: Days Hours A 9. AGE (In years lost birthday) Months: Days Hours A 9. AGE (In years lost birthday) Months: Days Hours A 9. AGE (In years lost birthday) Months: Days Hours A 9. AGE (In years lost birthday) Months: Days Hours A 9. AGE (In years lost birthday) Months: Days Hours A 9. AGE (In years lost birthday) Months: Days Hours A 9. AGE (In years lost birthday) Months: Days Hours A 9. AGE (In years lost birthday) Months: Days Hours A 9. AGE (In years lost birthday) Months: Days Hours A 9. AGE (In years lost birthday) Months: Days Hours A 9. AGE (In years lost birthday) Months: Days Hours A 9. AGE (In years lost birthday) Months: Days Hours A 9. AGE (In years lost birthday) Months: Days Hours A 9. AGE (In years lost birthday) Months: Days Hours A 9. AGE (In years lost birthday) Months: Days Hours A 9. AGE (In years lost birthday) Months: Days Hours A 9. AGE (In years lost birthday) Months: Days Hours A 9. AGE (In years lost birthday) Months: Days Hours A 9. AGE (In years lost birthday) Months: Days Hours A 9. AGE (In years lost birthday) Months: Days Hours A 9. AGE (In years lost birthday) Months: Days Hours A 9. AGE (In years lost birthday) Months: Days Hours A 9. AGE (In years lost birthday) Months: Days Hours A 9. AGE (In years lost birthday) Months: Days Hours A 9. AGE (In years lost					
	one during most of working life, even if refired)  Foreman  B& O Rail Road  Baltimore, Co. Md.  U.S.A.  3. FATHER'S NAME  14. MOTHER'S MAIDEN NAME					
3	FRED MOHR AMELIA NAIMEISTER					
1 1	16. SOCIAL SECURITY NO.   17. INFORMANT   ADDRESS   18.   4   5   6   6   6   6   6   6   6   6   6					
e remains are e	DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not meen the mode of dying, e.g., heart foilure, ostherio, etc. If meons the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stoling the UNDERLYING CONDITION lost.  (B) Mid Congstwe heart failure.  (C) MATMATTY Albury Stores.					
ained before the	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION WAS PERFORMED TO THE DISTANCE OF OPERATION WAS PERFORMED TO THE DEATH WAS UNDERLYING  21B. PLACE OF INJUNY (e.g., in or obout 24 C. WHERE DID home, larm, foctory, street, office bldg., INJURY OCCUR? DEATH (notify medical examiner)  OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)					
	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURED 21F. HOW DID INJURY OCCUR?  While At Work At Work					
	22. I certify that (I) (this hospital) attended the deceased fram 7-26 19 6) to 19 6 that (I) (we) last saw the deceased alive an 8-7-19 6 and that in (my) (our) apinian death accurred an the and haur and fram the causes stated above. (I) (We) (did) (did not) view the bady after death.					
approval must	23A-SIGNATURE  M.D. Attending Med. Stoff Phys. X 23B. DATE SIGNED  23C. PHYSICIAN'S JOHN C. WADE  NAME (Type)  23D. ADDRESS  M.D. JOHNS HOPKINS HOSPITAL					
	Burial 8-11-1965 Zion United Luth. Cemetery Baltimore Co.  Md.  SA, DATE REC'D BY HEALTH DEPT.   25B, NAME OF REGISTRAR   125C, FUNERAL DIRECTOR   24D, LOCATION (City, town, or county) (S)  Md.					
	AUG 13 1965 Polit & Forthern Dept. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS 3 5 150-REV. 1/1/65					



248, NAME OF REGISTRAR

24A, DATE REC'D BY HEALTH DEPT.

20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED no 21 A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Boltimare City, give exact location) hame, form, factory, street, affice bldg., INJURY OCCUR? UTING CAUSE OF DEATH. 21D TIME (Month) (Day) (Yeor) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE (APPROX.) WHILE AT WORK 22. I certify that I held an Inquiry Inspection T Autapsy ond that on this bosis, deoth In my apinlon resulted from: Notural couses X Suicide \_\_\_ Homicide Accident Undetermined monner CHIEF MEDICAL EXAMINER DATE SIGNED ASSISTANT MEDICAL EXAMINER X SIGNATURE 8/10/65 ASSOCIATE MEDICAL EXAMINER EXAMINER'S NAME (Type) Werner U. Spitz. 23A, BURIAL CREMATION. 23B, DATE 23C. NAME of CEMETERY OF CREMATORY 23D. LOCATION (City, tawn, or county) REMOVAL (Specify) Glen Haven Memorial Cem. burial Aug. 12.1965 Anne Arundel Co., Maryland

24C. FUNERAL DIRECTOR

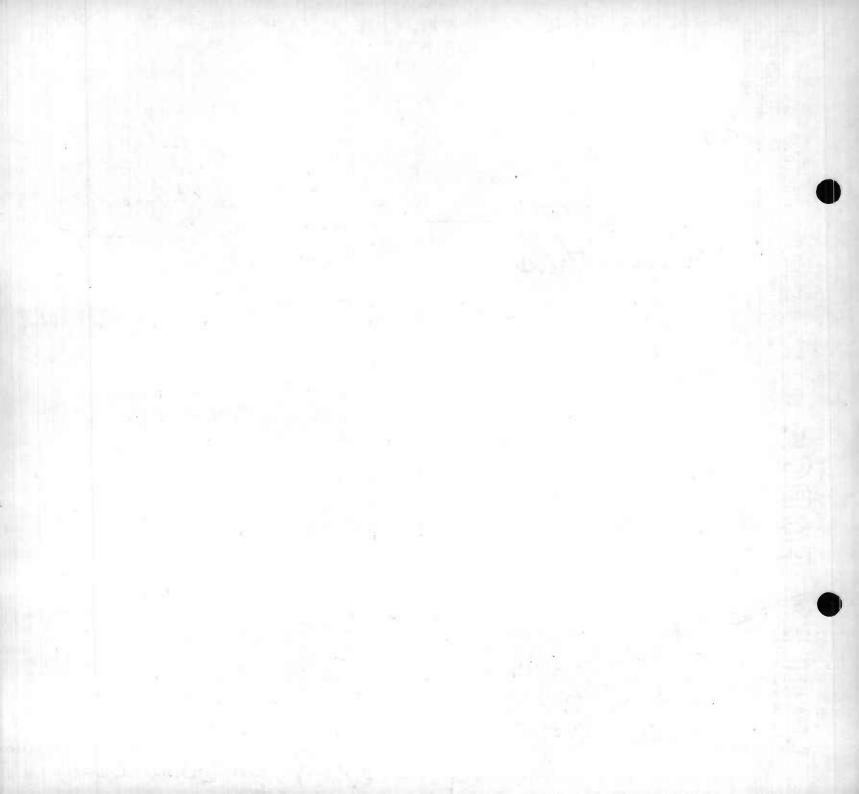
George J. Gonce, 4001 Ritchie Hgwy.

Baltimore 25,

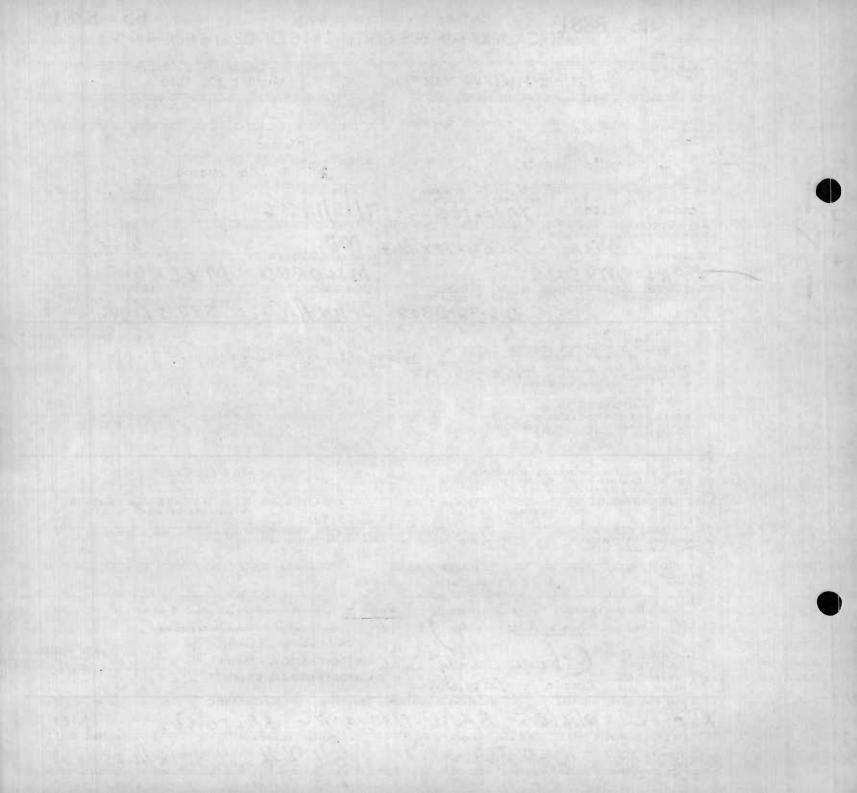
ADDRESS

letter from funeral director. 8/23/65 c. Bowens letter in pending file. 5 transcripting

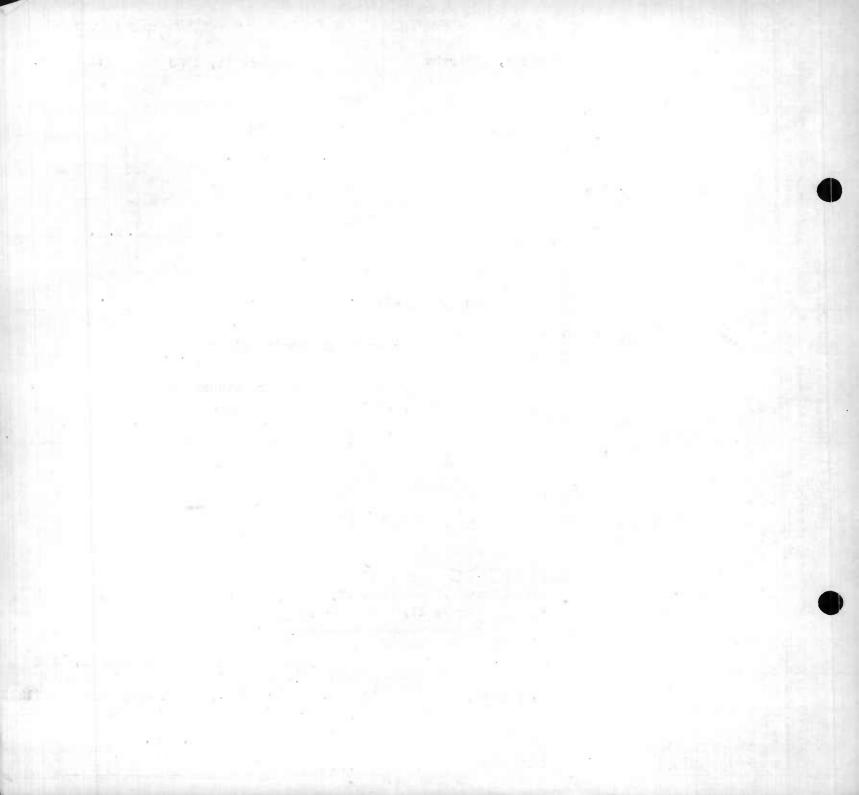
	BALTIMORE CITY HEALTH DE		65 8380
M.E. CASE NO. 65 8380	CERTIFICATE OF	DEATH Registered N	o. 0000
1. NAME OF DECEASED	10	2. DATE AND HOUR OF DEA	тн
	s JR.	8.11.65	2 P
PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RE	ESIDENCE (Where deceased lived, I B. COUNTY	f institution: residence before admissia
FULL NAME OF (If not in haspital or institution,	give street MD		10-01
		TOWN (If autside city limits, wri	te RURAL and give tawnship)
Little disters	BAL	timore	
INSTITUTION  Little Sisters a  1200 VALLEY  BALTIMORE N	D. STREET A	T	
			^
6. RACE WIDOWEI	NEVER MARRIED D. DIVORCED (specify)	Lond birds don't	Manths Doys Hours Min.
OA, USUAL OCCUPATION Give kind of work 10 B, KIND OF		CE (State or foreign country)	12. CITIZEN OF
dane during most of working life, even if retired)			WHAT COUNTRY?
PAINTER		HIMORE	USA
13. FATHER'S NAME		S MAIDEN NAME	
WALTER JULIA	/V)	OII BERGER	
15. Was Deceased Ever in U. S. Armed Forces? (Yes,na or unknawn) (II yes, give war ar dates of service)	16. SOCIAL 17. INFORMA	NT	ADDRESS 1200
UNKNOWN	16. SOCIAL SECURITY NO. 17. INFORMA 216-10-7790 Little	SRS of the 1	BOR 7/10001
18.420.14-14.3X	CAUSE OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	m		ONSET AND DEMTH
LEADING TO DEATH	(A) /// (C & & 2 O C	e convenory or	echicion
(This does not mean the mode of dying, e.g., heart laiture, asthenio, etc. It means the disease,	DUE TO	@ 1. D	
injury or complication which caused death.)	U-8,6	VU	
ANTECEDENT CAUSES	DUE TO	62 . 0	
DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) stating the	5 guer	nous Celleo	verno
UNDERLYING CONDITION lost.	ma et.	moeth bloom	v.
_ II	t t		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	G E		
	WHICH OPERATION 120A. AUTO	DPSY? (Yes ar Na) 20B. IF YES, WE	RE FINDINGS CONSIDERED
198. CONDITION FOR WAS PERFORMED		IN CERTIFYING	CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B	PLACE OF INJURY (e.g., in or obout 21 C.	WHERE DID (If in Baltin	nore City, give exact lacation)
d DEATH (notify medical examiner) etc.	e, larm, foctory, street, office bldg., INJU	URY OCCUR?	
	INJURY OCCURRED 21F.	HOW DID INJURY OCCUR?	
₩h	ile A1 Nat While		
22 t	rk — Al Wark —	19€4 to	June 11 1965
22. I certify that (I) (this hospital) attended t	feere // 1963		7
that (I) (we) lost sow the deceased alive on		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	apinion death occurred on the do
ond hour and from the couses stated above.	) (We) (did) (did nat) view the body	y after deoth.	los DATE CIONED
23A. SIGNATURE	M.D. Attending	Med. Stoff	23 B. DATE SIGNED
orthey conker	Phys.	Director Phys.	8.12.65
23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS		- 24
STANley ANKudas	M.D. 1802	. W BALTIN	TORE ST
24A. BURIAL CREMATION, 24B. DATE 24C. N. REMOVAL (Specify)	AME OF CEMETERY OF CREMATORY	24D. LOCATION	(City, tawn, ar county) (State)
Durial 8/14/05 110	w Cuthedral	Paltmin	l
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME	OF REGISTRAR 250. FUN	EKAL/DIRECTOR	ADDRESS 202
AUG 13 1965 (R. C. B. S.	starteurs 1 the	les Herurgo	no Valeans 2
S 150-REV. 1/1/65	4 4 1 9 10	11/19	



D 1100	8381 BALTIMORE CITY HEAL BIRTH NO.  M.E. CASE NO.	ERTIFICATE OF DEATH Registered No.
	1. NAME OF DECEASED (Type or Print)  MILDRED MARIENE COLE	August 12, 1965 5:30 P
	3. PLACE IN SALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE  Maryland
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (If autside corparate limits, write RURAL and give township)  Baltimore
4	St. Joseph's Hospital	D. STREET ADDRESS (If rural, give locosian)  3829 Bonview Avenue
	5. SEX   6. RACE   7. MARRIED, NEVER MARRIED   WIDOWED, DIVORCED (specify)   Female   White   MARRIED   MA	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Manths, Doys, Hours, Min.
	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY dane during most of working life, even if retired)  Social SECURITY BLOCK	YII. BIRTHPLACE (Slote) or foreign country)  12. CITIZEN OF WHAT COUNTRY?
	EARL MYERS	MILORED MYERS
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown), (If yes, give wor or dates of service)  16. SOCIAL SECURITY NO.	JOHN A. COLE 3829 BONDIEW ALE
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc., it means the disease, injury or complication which caused death.)  ANTECENDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	iosclerotic Heart Disease.
	UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  21D TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.)  1 certify that I held on Inquiry Inspection Aut resulted from: Natural causes Accident Suicid  ACTUAL SIGNATURE EXAMINER'S NAME (Type) Charles S. Petty, M.D.	21F, HOW DID INJURY OCCUR?  WHILE  tapsy  ond that on this basis, death in my opinion  Homicide  Undetermined manner   CHIEF MEDICAL EXAMINER  ASSISTANT MEDICAL EXAMINER  ASSOCIATE MEDICAL EXAMINER  8/13/65
	23A. BURIAL CREMATION, 23B. DATE  REMOVAL (Specify)  BURIAL CREMATION, 23B. DATE  21C. NAME of CEMETERY of BHCTO. NA  24A. DATE REC'D BY HEALTH DEPT.  24B. NAME OF REGISTRAR  AUG 13 1965 (Public E. Failer)  VS 151-REV. 1/1/65	23D. LOCATION (City, town, or county) (State)  TIONAL BALTO, CO. MD.  24C. FUNERAL DIRECTOR ADDRESS  S. W. Hoffmann 3218 HUDSON ST.



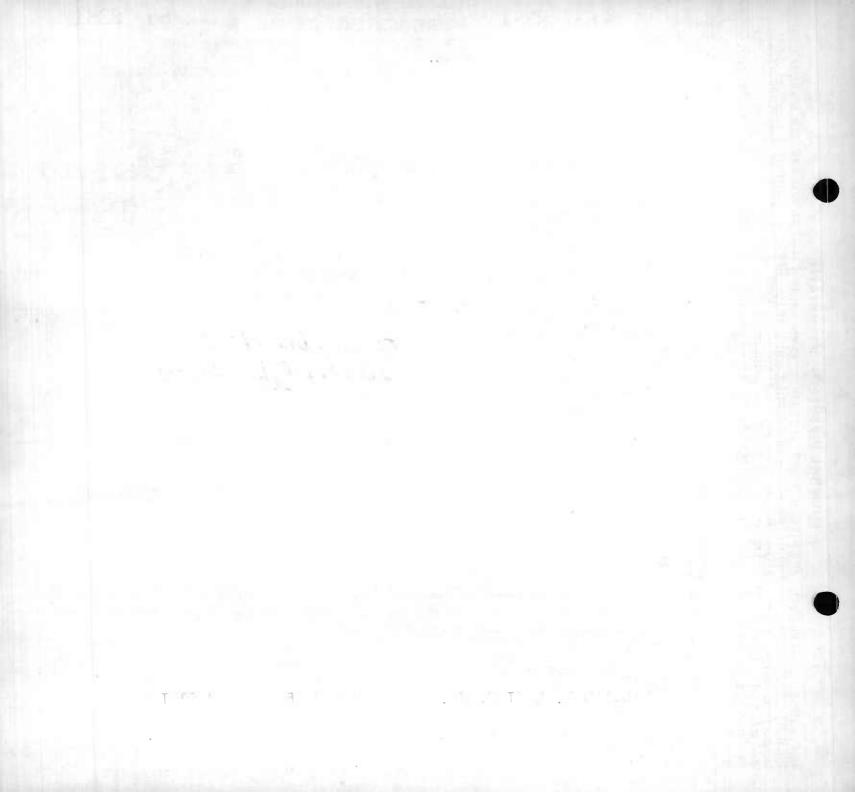
VS 150-REV. 1/1/65



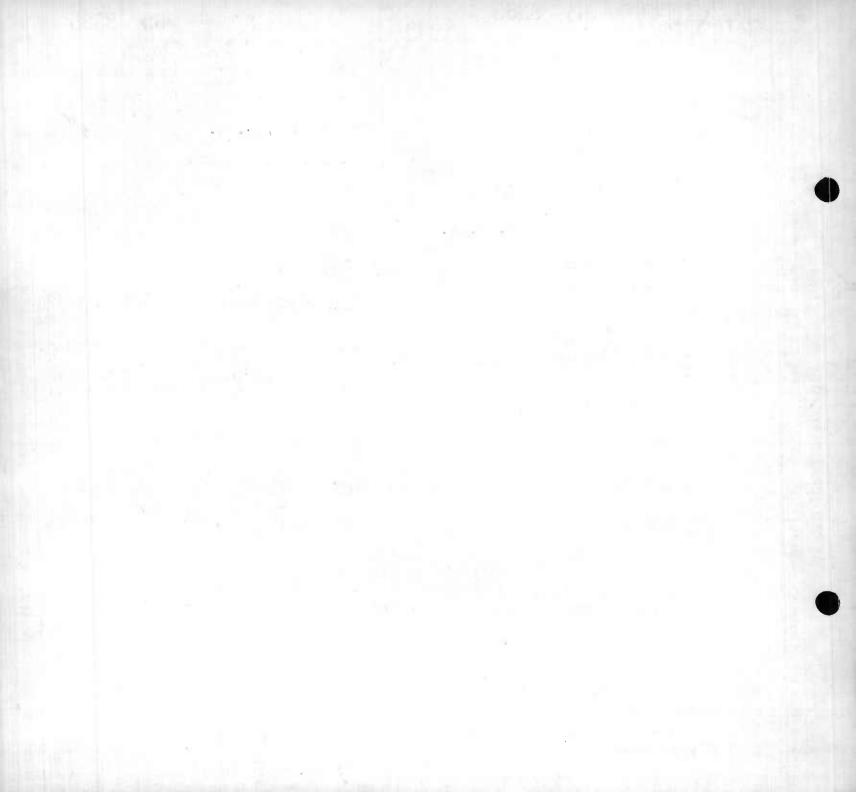
BIRTH NO. 65 8386	3		Y HEALTH DEPARTMENT		65 8383
M.E. CASE NO.  1, NAME OF DECEASED (Type or Print)  BECKHAI	RDT Lill	ian A or Lil	ie A	AND HOUR OF DEATH	1965  10:50 A ~
3. PLACE OF DEATH IN SALTIMORE, M	ARYLAND		4. USUAL RESIDENCE		institution: residence before admission)
FULL NAME OF (If not in hospite	l or institution, or	ve street		Howard	
HOSPITAL OR oddress or locati				f outside city limits, write	RURAL and give township)
ST AGNES HOSP	ITAL		D. STREET ADDRESS Hanover	(If surel, give location) Road	
FEMALE 6. RACE		NEVER MARRIED DIVORCED (specify)	8-15-81	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of wo	rk 108, KIND OF				12. CITIZEN OF
done during most of working life, even if retired) HOUSEWIFE			BALTIMOR		WHAT COUNTRY?
JOHN SMITH			HELENA		
5. Was Deceased Ever in U. S. Armed Fo		1 6. SOCIAL	17. INFORMANT		ADDRESS
(Yes, no or ünknown) (If yes, give wor ar da	tes of service/	SECURITY NO.	ST AGNES H	OSPITAL CAT	ON & WILKENS AVE
DISEASE OR CONDITION D		CAUSE	relial 3h	rombosis	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSE DISEASES OR CONDITIONS, if iise to the obove couse (A) UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING	any, giving stating the	(c) Ant	recent afical enoselerational l Filerila	Cardioverenta	Dépesse
19A. DATE OF OPERATION 198. CO			20 A. AUTOPSY? (Yes o	Not 208. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)		PLACE OF INJURY (e.g., form, foctory, street, o	in or obout 21C. WHERE DI	O (If in Boltimo)	re. City, give exact location)
O 21D. TIME (Month) (Doy) (Yeor (APPROX.)		INJURY OCCURRED  Part Not White At Work	le 🖂	INJURY OCCUR?	
22. I certify that (1) (this hospite that (1) (we) lost saw the decease	ol) ottended th	AUGUST 11	JULY 25	19 65 to Al	IGUST 11 19 65
and hour and from the couses st					
23A. SIGNATURE	11/2				23B. DATE SIGNED
11/16	Vers	M.D. At	ys. Med. Director	Stoff Phy s.	8-11-65
23C. PHYSICIAM'S NAME (Type)	Veiss	M.D.	St. Aques	Hosp.	
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specily)	24C. NA	ME of CEMETERY of CE	REMATORY 241	D. LOCATION (C	City, town, or county) (State)
Burial   8/14/1	965 Mt	t. Olivet Cem	netery	Baltimore, Man	ryland
AUG 13 1965 (Color	25B CHAME OF		25C. FUNERAL DIRECT		Balto, nel. 21217
V\$ 150-REV 1/1/65		- but 1/1	The state of the s	CONTRACT SERVICE /	



9	BIRTH NO.  M.E. CASE NO.  BALTIMORE CITY HEALTH DEPARTMENT  CERTIFICATE OF DEATH  Registered No. 55  8384	3384
Decedsed o on the ath. Such	T.NAME OF DECEASED  (Type or Print)  DANIELS BERTUR E.  3. PLACE OF DEATH IN BALTIMORE, MARYLAND  4. USUAL RESIDENCE (Where deceased lived. If institution: re B. COUNTY	11:35 P. N
de de de	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location)  C. CITY OR TOWN (If outside city limits, write RURAL and	7
d cause; r attend prior to e.	MUNION MEMORIAL MOSPITAL BRITIMORE 21218  D. STREET ADDRESS (If rurol, give location)  HOMEWOOD APARTMENTS	T 1845.
egular ased p	HEMPLE WHITE MARRIED 47/82 83	1 Yr. If Under 24 Hrs. Doys Hours Min.
dece	HOUSEWIFE - MARYLAND U.S	EN OF LT COUNTRY?
	WILLIAM H. HOFFMAN LAURA H. MERDE	
or final	(Yes, no or unknown) (II yes, give wor or dotes of service) SECURITY NO. 212-48-1537 HOSPITAL RECORDS	ADDRESS
		NTERVAL BETWEEN ONSET AND DEATH
gular att embalme	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  (A) trachio branchitis.  DUE TO  (B)  DUE TO	^,
9 8	DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) stating the UNDERLYING CONDITION last.	
3	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF D	
	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF Corp., form, foctory, street, office bldg., AULTRY OCCUR?	exact location)
	21D. TIME (Month) (Doy) (Yeer) (Hour) 21E, INJURY OCCURRED  OF INJURY (APPROX.) White AI Not White At Work At Work	
	22, 1 certify that (1) (this hospital) attended the deceosed fram 7/7 19 65 to 8/1/1 that (1) (we) last sow the deceased alive an 8/1/1 19 65 and that in(my) (our) apinian deat	
	and hour and fram the causes stated above. (I) (We) (did) (did not) view the body after death.  23A. SIGNATURE    Attending   Med. Director   Phys.   Phys.   Phys.   Phys.   Phys.   Director   Phys.   Phys.	12/65
en approval	WILLIAM R. LINTON; JR., M.D. UNION MEMORIAL HOSPITAL  24A. BURIAL CREMATION. 24B. DATE   24C. NAME of CEMETERY of CREMATORY   24D. LOCATION (City, town. of REMOVAL (Specify))	county) (Stote)
	Burial 8/14/1965 Druid Ridge Cemetery Pikesville, Md.  25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR	(ADDRESS / 2121)
decease	VS 150-REV. 1/1/65 Robert E. tarbent Wond Technic & Sons now	Co., md. 21217 the Pa. wes

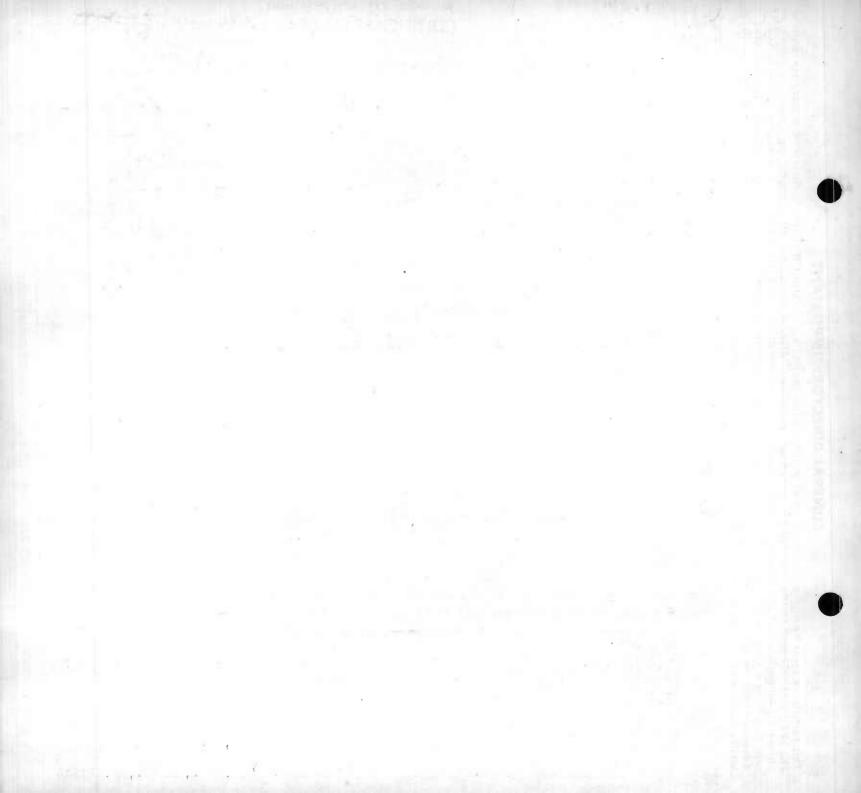


	or Print) Pfost	GRACIE	2. DATE A	11, 1965 10:5	15 p.m   10:55
3. PLA	CE OF DEATH IN BALTIMORE, MA			ere deceosed lived. If	institution: residence before admissign
FUL	L NAME OF (If not in hospital SPITAL OR oddress or location	or institution, give street	WAShington, D	.C. Hot	el Congressional
	DITUTION .	ins Hospital			1/.///
3	Bolt most	, maryland	Washington, D. STREET ADDRESS	f rurol, give location)	V = 41
	Quitimore	, mary land	Hotel Congre		
5. SEX	F 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify Widowed	03-12-06	9. AGE (In years	If Under 1 Yr, If Under 24 Hr Months Doys Hours Min.
	SUAL OCCUPATION (Give kind of wor uring most of working life, even if retired)	108, KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
6	ovennutil	F. H. A.	Arkansas		U.S.A.
	THER'S NAME		14. MOTHER'S MAIDEN N.	AME	
	illiam Bowers		Lily Wood		
Yes, no	s Deceased Ever in U. S. Armed Fo	es of service)   16. SOCIAL   SECURITY NO.	17. INFORMANT		ADDRESS
	Vo		Mrs. Ethel	Ellis	Boise, Tdaho
18.	SOLA .		E OF DEATH		ONSET AND DEATH
	DISEASE OR CONDITION DI LEADING TO DEATH		Spatromic	Shock	5 40714
	his does not mean the made af eart failure, asthenia, etc. It means		Septiemis Hodgkins		5 hours
	jury ar camplication which caused		Hadatins	1.50000	2
	ANTECEDENT CAUSES	(B) DUE TO	JADAY KINA	Dear	
	ISEASES OR CONDITIONS, if se to the above couse (A)				
	NDERLYING CONDITION Iosl.	(0)			
<u>2</u>   T0	THER SIGNIFICANT CONDITIONS (  O THE DEATH BUT NOT RELA  ISEASE OR CONDITION CAUSING	ATED TO THE	- Production and Company of the Comp	_	
		IDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or I	10 CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
144	A. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF	218 PLACE OF INJURY (e home, lorm, loctory, stree etc.)	e.g., in or obout 21 C. WHERE DID INJURY OCCUR?	(If in Boltim	nore City, give exact locotion)
OR DE		(Haur) 21E. INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
O P DE	D. TIME (Manth) (Doy) (Year)				
MEDICAL C	D. TIME (Manth) (Doy) (Year) INJURY PPROX.)		While Vork		
WEDICAL OB OB OB (VA	PPROX.)	Work At V	Vork	19 65 to	2/11 1965
WEDICAL OB OB OB OB OB OB OB	PPROX.)	D ottended the deceosed from	7/ 2	and the same of th	- /
WEDICAL CALL	INJURY PPROX.)  I certify that (1) (this hospitate) of (1) (we) lost sow the decease	ottended the deceosed from ed olive on	7/8 55 19 ond (	hot in (my) (our) o	- /
WEDICAL STATE OF CALCAL STATE	INJURY PPROX.)  I certify that (1) (this hospito of (1) (we) lost sow the decease d hour and from the causes sto A. SIGNATURE	ottended the deceosed from ed olive on did (did not obove. (I) (We) (did) (did not obove.	Nork 7/P 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	hot in (my) (our) o	- /
WEDICAL STATE OF CALCAL STATE	INJURY PPROX.)  I certify that (1) (this hospito of (1) (we) lost sow the decease d hour and from the causes sto A. SIGNATURE	ottended the deceosed from ed olive on did (did not obove. (I) (We) (did) (did not obove.	Nork 7/P 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	hot in (my) (our) o	pinion death accurred on the do
WEDICAL OF CALC.	INJURY PPROX.)  I certify that (I) (this hospito of (I) (ve) lost sow the decease d hour and from the couses sto	Dottended the deceosed from ed olive on	Nork 7/P 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	hot in (my) (our) o	238, DATE SIGNED
WEDICAL 21 CAL 22 CAL 23/4 CAL 24	INJURY PPROX.)  I certify that (I) (this hospito of (I) (we) lost sow the decease d hour and from the couses sto A. SIGNATURE  Philip  URIAL CREMATION, 1248, DATE	ottended the deceosed from ded olive on did (did not be obove. (1) (We) (did) (did not be obove.)  OROWITZ  24C. NAME of CEMETERY of	Attending Med. Phys. Med. 23D. ADDRESS A.D. GREMATORY 24D.	Stoff Phys. App Hopk INS Hos	238, DATE SIGNED
21. OR	INJURY PPROX.)  I certify that (I) this hospito of (I) (we) lost sow the decease d hour and from the couses sto A. SIGNATURE  Philip  C. PHYSICIAN'S NAME (Type)  Philip  H	ottended the deceosed from ed olive on	Attending Med. Phys. Med. 23D. ADDRESS A.D. GREMATORY 24D.	Stoff Phys. Abs	238, DATE SIGNED  8/11/6)



VS 150-REV. 1/1/65

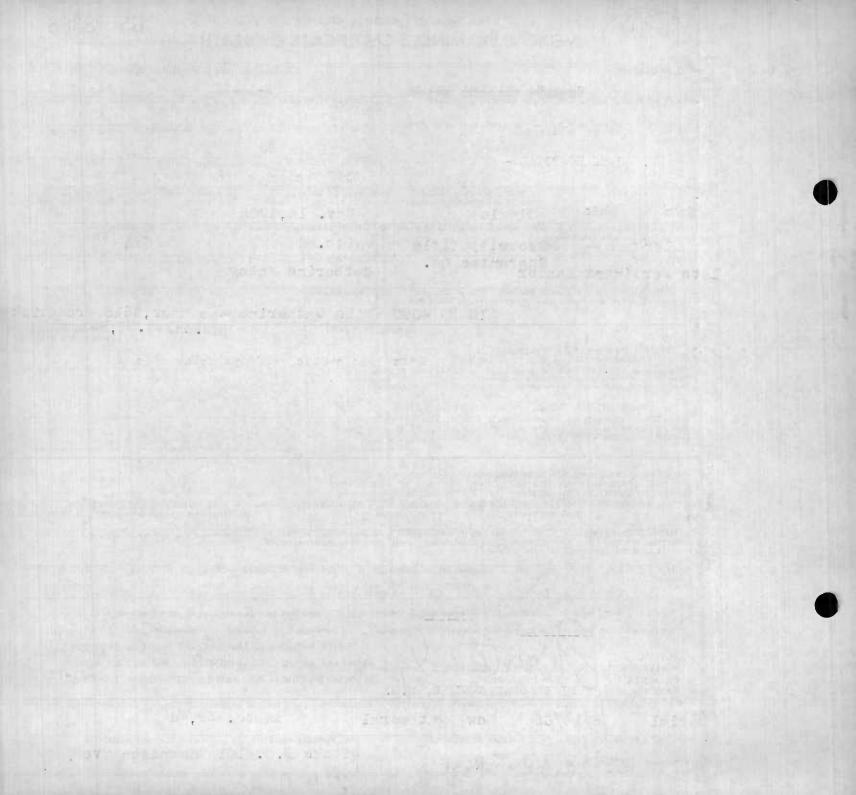
BALTIMORE CITY HEALTH DEPARTMENT



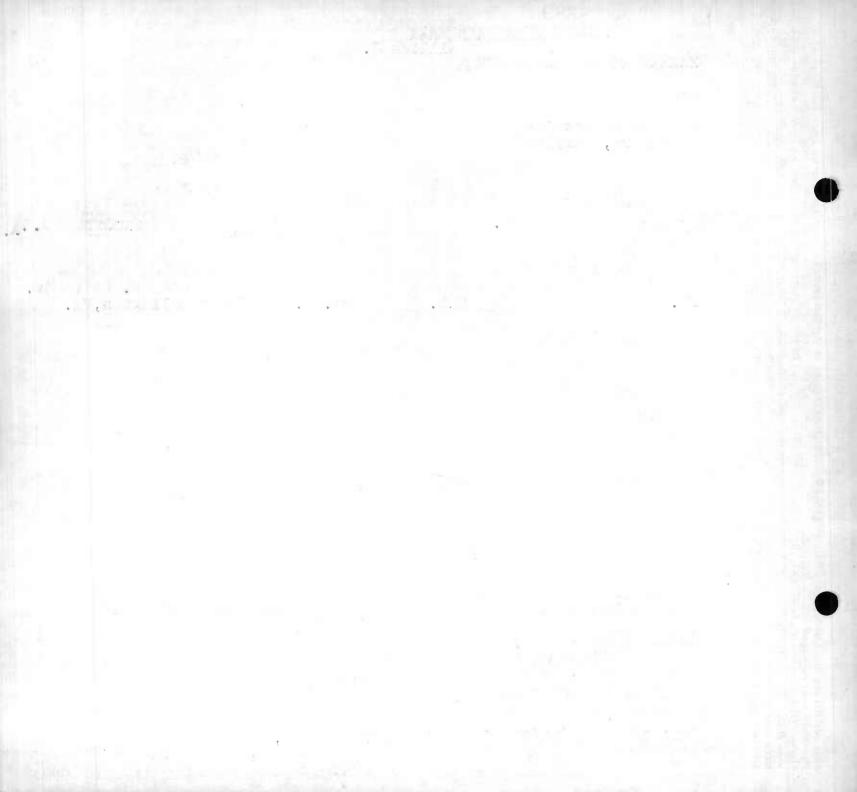
BIRTH NO.	SUS MED	ICAL EX	KAMINER'S CI	ERTIFICATE	OF DEATH Regist	ered No.
M.E. CASE NO.				, , , , , , , , , , , , , , , , , , , ,		
1. NAME OF DEC	CEASED		( 1 4ept	iardt 2.1	TATE AND HOUR PRONOUN	CED DEAD
trype of thin	FRANK	18	(arl GENHAR	DZ	August 11, 196	65   4:59 P
3. PLACE IN BALT	TIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE	E (Where deceased lived. If in:	stitution: residence before admission
				A. STATE	1 and	UNTY
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET	Mary	(If outside corporate limits, wri	to PLIPAL and give tawashin
HOSPITAL OR	ADDRESS OR LOCA	ATION)				ie kokat dia give iawisiipi
				Balt	imore	27-67
Toh	ns Hopkins Ho	nenital		D. STREET ADDRESS	(If rural, give location)	
Oon	ito Hopkillo Ik	oppieur		3003	Westfield Avenu	ie .
5. SEX	6. RACE	7 AAADDIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	
. 344	S. RACE	WIDOWED,	DIVORCED(specify)	B. DAIL OF BIKIN	lost birthday)	Months, Days, Hours, Min.
Male	White	marr	iod	Jan. 28,	1925 40	
DA. USUAL OCCI	UPATION (Give kind of wor				e or foreign country)	12. CITIZEN OF
	working lite, even if retired)	C. 11	. (	0.0	1	WHAT COUNTRY?
Plaster		JLEOD.	ing (o.	Maryland		ust
3. FATHER'S NAM	N E			14. MOTHER'S MAID	EN NAME	
Not k	nown			Anna		
5. WAS DECEASE	D EVER IN U.S. ARMED		16. SO CIAL	17. INFORMANT		ADDRESS
es, na ar unknawn	(If yes, give war ar date	es of service)	SECURITY NO.	1 .	CCIII	
			218184211	Lorraine	¿ E. Gephardt	same
1B	194		CAUSE	OF DEATH		INTERVAL BETWEEN
1 6	17.7.1					ONSET AND DEATH
DISEA	SE OR CONDITION DI LEADING TO DEATH		*			
(This does			(A) Lacer	ation of He	art	
heart failure,	nat mean the made of , asthenia, etc. It means mplication which caused	the disease,	DOE 10			
injury at car	implication which coosed	de dilla/				
A	ANTECENDENT CAUS	ES	Cruc	hed Chest.		
DISEASES	OR CONDITIONS, IF A	NY, GIVING	DUE TO	ned onest.		
RISE TO TH	IE ABOVE CAUSE (A) S	TATING THE				
_	NG CONDITION LAST.		(C)			
OTHER SIG	14					
■ OTHER SIG	III	CONTRIBUTI	NG			
TO THE	DEATH BUT NOT RE					
DISEASE O	R CONDITION CAUSING	G IT.	***************************************			
	F OPERATION 198. CON		WHICH OPERATION	20 A. AUTOPSY? (Ye	s or No) 20B. IF YES, WERE F	LOSS OF DEATHS
0 2	WAS PER	FORMED		Yes	IN CERTIFYING CAL	yes of DEATH? Yes
	L CAUSE WAS	21 B.	PLACE OF INJURY (e.g.,	in ar about 21 C. WHE	RE DID (If in Boltimore City,	give exact lacation)
UNDERLYING TO CAU	CXOR CONTRIB-	ham- etc.)	e, form, factory, street, a		RE DID (If in Baltimare City, CCUR?	
	JSE OF DEATH.	610.7	Street	Belai	r Rd., S. of Wal	lter Ave.
21 D TIME	(Month) (Day) (Yea	r) (Hour)	TE. INJURY OCCURRED	21 F. HOW	DID INJURY OCCUR?	
OF INJURY	8 11 '65	5 D	WHILE AT TO NOT	WHILE		a final abiast
	0 11 0.	D P	WHILE AT AT W	ORK X Passe	nger in auto in	to fixed object.
22.	tify that I held an I	Inquiev 🗀	Inspection Aut	opsy 🛭 ond th	ot on this basis, deoth in	my opinion
resul	Ited from: Notural co	uses	Accident X Suicide	e Homicide	Undetermined mon	ner
	01			CHIEF MEDI	CAL EXAMINER	
ACTUA	L (1)/	- 1. 1	155			DATE SIGNED
SIGNAT	URE	aus v	M.D.		CAL EXAMINER	8/12/65
EXAMIN		- C D-		ASSOCIATE MED	CAL EXAMINER	0, 12, 03
NAME (			ty, M.D.			
MAL BURIAL CRE		23	C. NAME of CEMETERY o	CREMATORY	23D. LOCATION (Cit	y, tawn, ar caunty) (State)
REMOVAL (Specify	8-16	65	Moreland Me	- Park	Baltimore,	4. 1
burial	0-/0	-(1)	INDPOLANA IND	m. rank	Dacumone.	Md
		-0)	more auta me	7 00 00	,	
24A. DATE REC'D		248, NAME	OF REGISTRAR	24C. FUNERAL I	DIRECTOR	ADDRESS
AUG 3	BY HEALTH DEPT.	248, NAME	OF REGISTRAR	24C. FUNERAL I	DIRECTOR	ADDRESS
AUG 3	0 1965 Role	248, NAME	OF REGISTRAR	24C. FUNERAL I	DIRECTOR	

NO.C. Unoma THE WALL SAME AND THE PARTY OF The state of the s y-ro-or lighted then in the contract of the co CHEMICAL PLANTS OF THE PARTY OF

	CERTIFICATE OF DEATH Register	ed No.
M.E. CASE NO.  1. NAME OF DECEASED	2. DATE AND HOUR PRONOUNCE	D. DEAD
(Type or Print)		40.40
CHARLES WILLIAM KAMMER  3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	8-11-65  4. USUAL RESIDENCE (Where deceased lived. If institutions)	10:10 A M.
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	A. STATE B. COUMARY Land C. CITY OR TOWN (If outside corporate limits, write	NTY Balts
INSTITUTION	Baltimore 28	ASSISTED ON THE STATE OF THE ST
ST. AGNES HOSPITAL - DOA	D. STREET ADDRESS (If rurol, give location) 6515 Frederick Road	
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
Male White Single	Nov. 14,1905   lost birthdoy! 59	Months, Doys, Hours, Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRE done during most of working life, even if retired) Clerk Security Title	Balto.Md	USA COUNTRY?
late Ferdinand Kammer	Catherine Fahey	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL	17. INFORMANT	ADDRESS
(Yes, no orunknown) (If yes, give war or dates of service) SECURITY NO.	Miss Catherine K a mmer	. 6515 Frederic
(This does not meen the mode of dying, e.g., heort foilure, osthenio, etc. It meons the drseose, injury or complication which coused death.)  ANTECENDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	iosclerotic cardiovascular d	isease
DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FIN IN CERTIFYING CAUS	
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.    home, form, foctory, street, etc,1	in or obout 21C, WHERE DID (If in Boltimore City, give office bldg., INJURY OCCUR?	e exoct location)
	WHILE	
1 certify that I held on Inquiry Inspection X Au resulted from: Natural causes X Accident Suicid		
ACTUAL SIGNATURE M.D	assistant medical examiner X	8-11-65
EXAMINER'S NAME (Type) RUDIGER BREITENECKER, M.D.		
23A. BURIAL CREMATION, 23B. DATE REMOVAL (Specify) 8/14/65 New Cathedr		town, or countyl (Stote)
AUG 1 3 1965 A C. F. E. Fallenta	vitzke F.D.4101 Edmon	ADDRESS
VS 151-REV. 1/1/65	07000	



VS 150-REV, 1/1/65



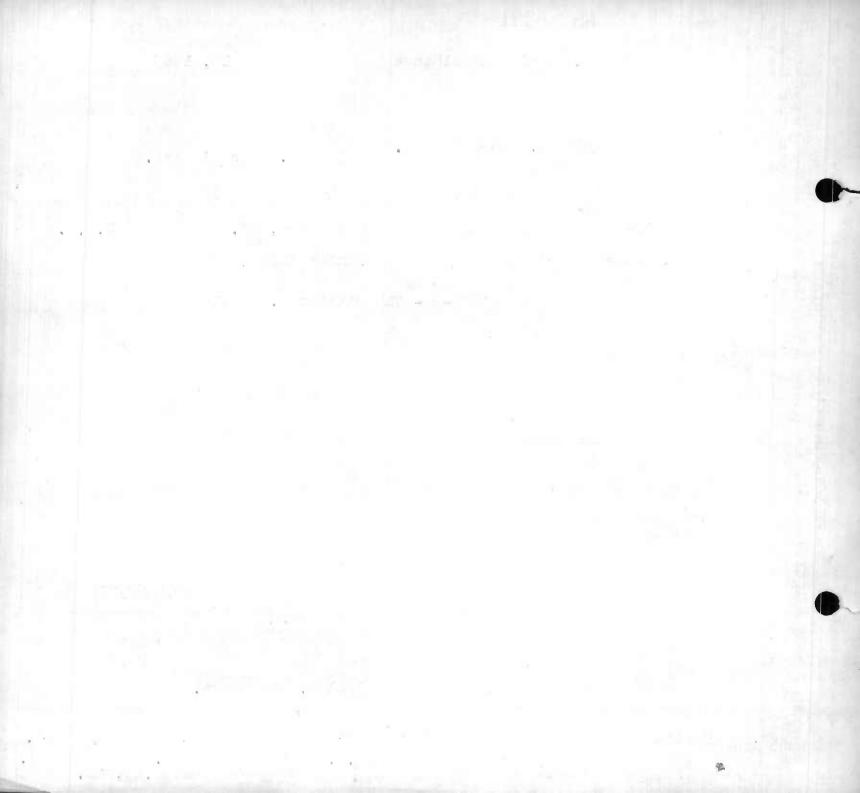
		65 83	SS() BALTIMO	ME CITY	HEALTH DEPARTMENT	6	35 8200
IRTH NO.		(70 00	CERTI	FICA	TE OF DEATH	Registered No.	00 0000
A.E. CASE	F DECEASE	D	+ ,			ND HOUR OF DEATH	2 2
Type or Pri		1 1	OD	-11	1	12 10/	1 3 mm
PLACE	OF DEATH	N BALTIMORE, MA	RYLAND	e//	4. USUAL RESIDENCE (YOR	ere deceased lived. If in	stitution: residence before admission
					A. STATE B. COU	NTY	7-70
	AME DE		or institution, give street		MARYLAND	9	1 28
IN STITU		oddress or location	11		C. CITY OR TOWN (If o	utside city limits, write R	URAL ond give lownship)
>					BALTIMORE		
	THE JO	HNS HOPK	INS HOSPITAL		D. STREET ADDRESS	f rurol, give location)	
					5609 THE A	ALAMEDA, AP	PR. A
SEX	6. R/		7. MARRIED, NEVER MARRIE WIDOWED, DIVORCED (sp		B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24   Months Doys Hours Min
m	1	N	married		Jan.3,1895	70	
			108, KIND OF BUSINESS OR IP	NDUSTRY	11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF
		g life, even if retired)	1617 001 13		D-7 1 1 1		WHAT COUNTRY?
	keeper	?	Miles&Stockbr	lage	Baltimore,	Md.	U.S.A.
	R'S NAME						
		Y O'DONN			ANNIE HEF	RESA DEVILI	N
Wos De	eceosed Ever	in U. S. Armed For	ces? 16. SOCIAL SECURITY N	ıd	17. INFORMANT		ADDRESS
Ye		WW I		4 6	Mna Monr V	OlDonnall	(come)
1B.	7.0	44.04 T		AUSE OI	Mrs.Mary K.	O.DOMINGTT	(Same)
	165	X I			DEN III		ONSET AND DEATH
		R CONDITION DIF	RECTLY		2 1.		4
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heart	failure, asth	enia, etc. Il meons	The disease,				
injury		lian which caused					
	ANII	CEDENT CAUSES	DUI	E TD		***************************************	
		CONDITIONS, if					
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		П					
DTHE	R SIGNIFICA	NT CONDITIONS C	ONTRIBUTING				
		BUT NOT RELA		rem	one		
	ATE OF OPE	RATION 198. CON	IDITION FOR WHICH OF ERATIO	ON	20A. AUTOPSY? (Yes or N	10 20B, IF YES, WERE F	INDINGS CONSIDERED
19A.D. 21A.A	19/6	5 Secu		001	inter NO	IN CERTIFYING CAU	JSES OF DEATH?
21 A.	CCIDENT W	AS UNDERLYING	21 PLACE OF INJU	MY (e.g., in	or obout 21C. WHERE DID	(If in Boltimore	City, give exact location)
		CAUSE OF	home, form, foctory,	street, of	fice bldg., INJURY OCCUR?		
)		nth) (Doy) (Year)	(Hour) 21E INJURY OCCUI	nnco	21F. HOW DID IN	IIIInx Occilina	
21 D. 11 OF IN.	JURY	nin (Doy) (Teon	While At	Not While		JORT OCCOR:	
(APPRI	DX)		Work	At Work			
22. 1	certify that	H) (this hospital	l) ottended the deceased fr	om	Aug 1	1965 to A	un /2 1965
		saw the decease	/N 1.		19 65 ond 1	hat ir(my) (our) opir	nlon death occurred on the
			ted obove (T) (We) (did) (#		-	10	3:25 pm
	IGNATURE	m the couses sto	led opove (i) (iie) (did) (e	tu not/ v	lew the body offer death.	. 1-000	23 B. DATE SIGNED
230.31	Mal	X	11 :6 11 1	AD Atte	nding Med.	Stoff	51/13/11
	Iva	Muson	"Thurley"	Phy:	s. Director	Phys.	8/14/65
	HYSICIAN'S			1	23D. ADDRESS		/
		Walter S	Smithwick	M.D.	The Johns	Hopkins Ho	spital
	AL CREMAT		24C. NAME of CEMETE	RY or CRE		*	ly, town, or county) (Stat
REMO	OVAL (Speci		10/F D-7:	37		7 1- 1- 1-	25 2
Buri		0/16/.	1965 Baltimore	Nat		ltimore,	Maryland
ALIC		HEALTH DEPT.	25B. NAME OF REGISTRAR		H.W. Jenkins		4905 YOUR Rd.
AUG	13 19	03 Ochert	E. Starker 1	-	1 200	, Balto.	12, Md.
150-RE	V. 1/1/65		14 14		1700		

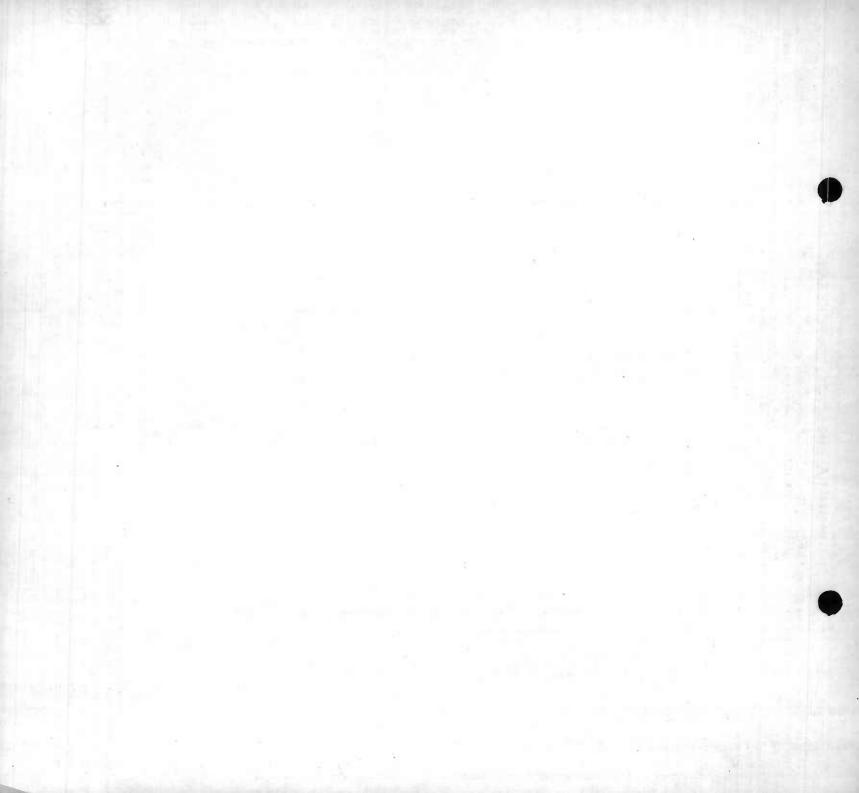
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VS 150-REV. 1/1/65

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BALTIMORE CITY HEALTH DEPARTMENT



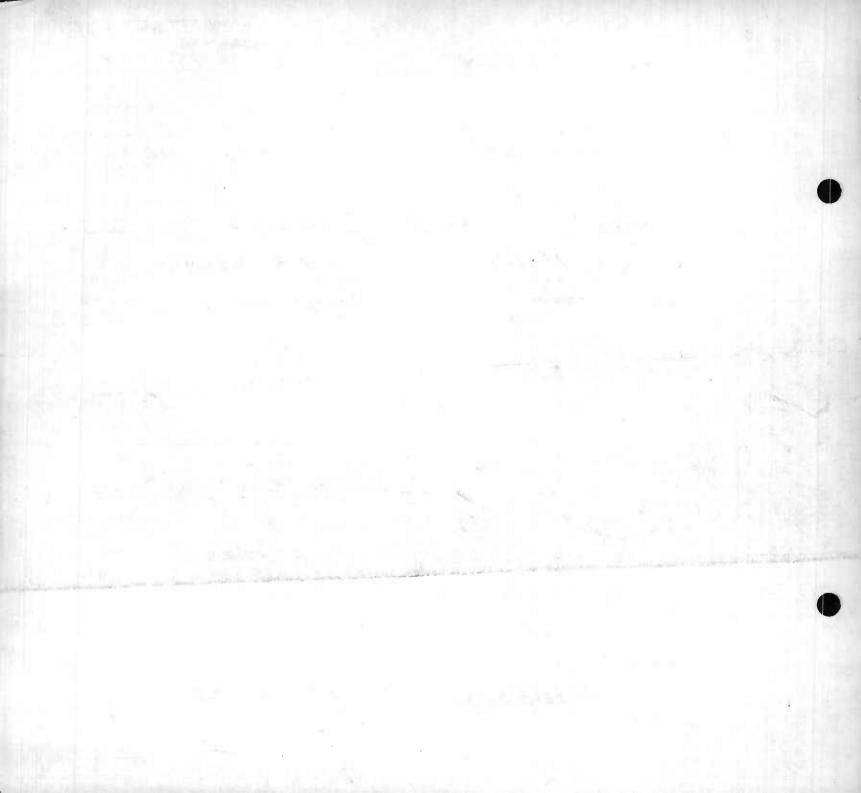


IMPORTANT

DIRECTOR:

FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT



24A. DATE REC'D BY HEALTH DEPT.

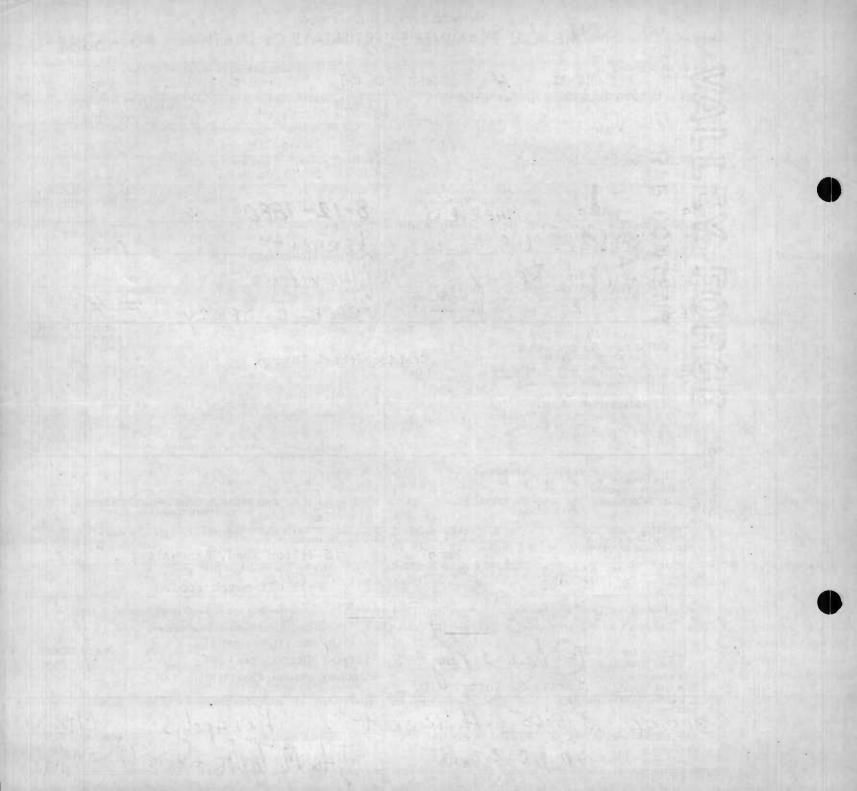
VS 151-REV. 1/1/65

248 NAME OF REGISTRAR

BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD GEORGE BERRY (Bery) August 12, 1965 4:00 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A, STATE
B, COUNTY 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD Maryland (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF C. CITY OR TOWN (If autside carparate limits, write RURAL and give township) HOSPITAL OR Annapolis Johns Hopkins Hospital D. STREET ADDRESS (If rurol, give location) 5 Wilson Road 5. SEX 6. RACE B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify) last birthdoy Months | Doys | Hours , Min. Male White 85 10A. USUAL OCCUPATION (Give kind of work 10B. 12. CITIZEN OF WHAT COUNTRY? dane during most of working life, even if retired) RHON CIVIL SERVICE 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME ADDRESS 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. JNFORMAN (Yes, na ar unknown), (If yes, give war or dotes of service) SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Craniocerebral Injury. (This does not meen the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.) DUE TO ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CATION 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? Yes Yes 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Baltimore City, give exact location) hame, form, foctory, street, office bldg., INJURY OCCUR? 21 A, EXTERNAL CAUSE WAS UTING CAUSE OF DEATH. Home 5 Wilson Road, Annapolis 21D TIME 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE X (APPROX.) 12 **'**65 Fell off porch roof. 22. Autopsy X I certify that I held on Inquiry inspection ond that on this basis, death in my opinion Accident X resulted from: Notural causes Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL M.D. ASSISTANT MEDICAL EXAMINER X alle 8/13/65 SIGNATURE ASSOCIATE MEDICAL EXAMINER EXAMINER'S Charles S. Petty, M.D. NAME (Type) 23A. BURIAL CREMATION, 238, DATE 23C. NAME of CEMETERY or CREMATORY (Stote) 23D, LOCATION (City, town, or county) REMOVAL (Specify) RURIA

24C. FUNERAL DIRECTOR

ADDRESS

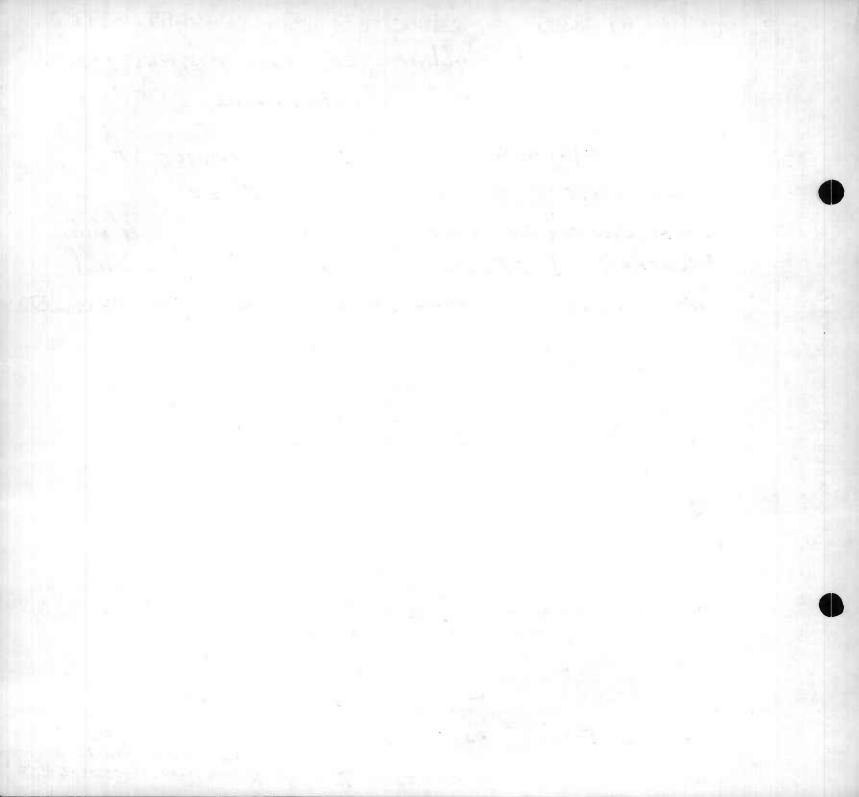


BIRTH NO.

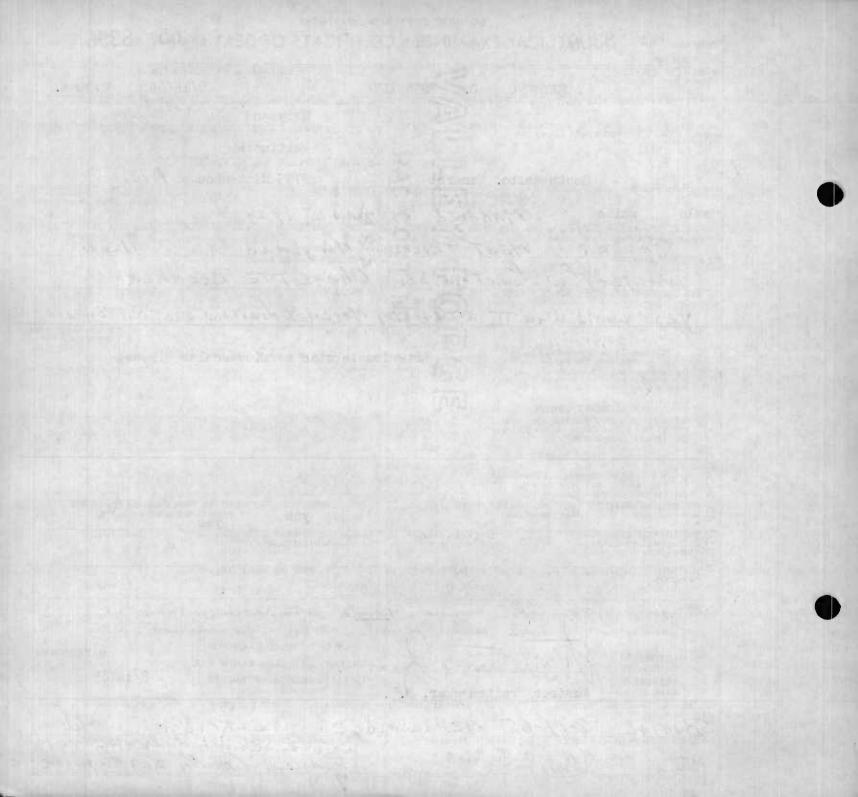
VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT Registered No.55 CERTIFICATE OF DEATH 2. DATE AND HOUR OF DEATH 1965 13 449457 A. USUAL RESIDENCE (Where deceased lived If institution; residence A. STATE

B. COUNTY (If outside city limits, write RURAL and give township) YOURDE 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. lost birthdoy Months Doys Hours 12. CITIZEN OF WHAT COUNTRY? ONSET AND DEATH moments 4cars 20 A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Ilf in Boltimore City, give exact location) ond that in (my) (our) opinion death occurred on the date 23 B. DATE SIGNED 8-13-65 Stoff Phys. (City, town, or county) (Stote)



M.E. CASE N	01							
Type or Print	DECEASED			2	DATE AND	HOUR PRONOUNC	CED DEAD	
type of think		RAYMOND	C. FOUNTAL	CN		8/14/	65	2:30 a.
PLACE IN	BALTIMORE, MARYLAN	D, WHERE PRONOU	IN CED DEAD	4. USUAL RESIDEN	ICE (Where dec	ceosed lived. If ins	stitution: resider	nce before odmis
	OF UP NOT IN U	OCRITAL OR INICTITU	TION CIVE STREET	Ma Ma	aryland	0. 00		
TULL NAME	ADDRESS OR	LOCATION)	JTION, GIVE STREET	C. CITY OR TOWN	(If outside c	orporate limits, wri	te RURAL and	give township)
NOITUTITEN				Ba	altimore		2-5-	-4A
				D. STREET ADDRES	SS (If rurol, giv	ve location)		
	Sou	th Balto.	General	27	705 Ritt	enhouse	AUE.	
S. SEX	6. RACE	7. MARRIED,	NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years lost birthdoy)	If Under 1	Yr. If Under 24
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	OCCUPATION (Give kind	MAN	NIED.	RY 11. BIRTHPLACE (SI	1929		12. CITIZEN	OF
	et of Porking life, even if re		+ O	A SIKINFEACE ISI	or or loreign c	20 0111197		COUNTRY?
	TACITER	MEA	T TROCESS				4-	·H-
3. FATHER'S	NAME	0		74. MOTHER'S MAI	DEN NAME		1.	
W	ALTER A.	W. Houn	TAIN, SR	ChARLO	TTE	BREM	KER	
5. WAS DEC	EASED EVER IN U.S. A		16. SOCIAL SECURITY NO.	17. INFORMANT	0		ADDRESS	
es, no or unk	nown) (If yes, give wor o	doles of service)	217-24-370	o Massa	T J.	TAIN 270	PIT	Fuhres
YE.	5 World	WARIL			1 moun	111N 210		
182	1221		CAUS	E OF DEATH				NTERVAL BETWI
D	SEASE OR CONDITIO		Ambani					
	LEADING TO D			iosclerotic	Gardron	ascular o	HSease	
(This d	loes not mean the mod pilure, osthenia, etc. It is precomplication which co	de of dying, e.g.,	DUE TO					
injury	or complication which co	used deoth.)						
	ANTECENDENT C	AUSES						
DISEA	ANTECENDENT C.		(B)DUE TO					
RISE TO	SES OR CONDITIONS	, IF ANY, GIVING	(B)					***************************************
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RISE TO UNDER TO THE TO	SES OR CONDITIONS, THE ABOVE CAUSE RLYING CONDITION L  SIGNIFICANT CONDIT HE DEATH BUT NO SE OR CONDITION (NE FOR CONDITION (NE FOR CONTRIB- CAUSE WAS RING OR CONTRIB- CAUSE OF DEATH.  E (Month) (Doy)  Certify that I held RESUlted from: Natural Nature AMINER'S	AST.  IT ANY, GIVING (A) STATING THE LAST.  IT ONS CONTRIBUTING IT RELATED TO T USING IT. CONDITION FOR Y S PERFORMED  (Yeor) (Hour) 2 m. V T Inquiry  Inquiry  All couses X	PLACE OF INJURY (e.g., form, foctory, sheet,  PLE INJURY OCCURRED WHILE AT NOT NORK  Inspection A	while work of the men and the	W DID INJURY that on this Unc	CERTIFYING CALL YES in Boltimore City, OCCUR?  bosis, death in determined month MINER  MINER  MINER  MINER	give exact loca	DATE SIGN
RISE TUNDE  NOTHER  OTHER  TO T  DISEA  19A, DAT  21A, EXTI  UNDERLY  UNDERLY  (APPROX.  22.  ACC  SIG  EX.  NAI  23A, BURIAL	SES OR CONDITIONS, OTHE ABOVE CAUSE RLYING CONDITION L SIGNIFICANT CONDIT HE DEATH BUT NO SE OR CONDITION CAU E OF OPERATION 119B. WA  ERNAL CAUSE WAS ING OR CONTRIB- CAUSE OF DEATH.  E (Month) (Doy)  Certify that I held a resulted from: Notur  TUAL NATURE AMINER'S ME (Type) Rud  CREMATION, 23B. DA	IF ANY, GIVING (A) STATING THE LAST.  TONS CONTRIBUTING TRELATED TO T USING IT. CONDITION FOR Y S PERFORMED  (Yeor) (Hour) 2 m. V  Inquiry  Inquiry  Inquiry  Inquiry  A  July  A  July  Inquiry  Inquiry	VHICH OPERATION  PLACE OF INJURY (e.g., form, foctory, street, or the control of	while work of the bidge, injury of the bidge, and the bidge, injury of the bidge,	W DID INJURY that on this Unc	CERTIFYING CAL YES in Boltimore City, OCCUR?  bosis, death in determined month MINER  MINER  MINER  MINER	give exact loca	DATE SIGN
RISE TO UNDERLY UNDERL	SES OR CONDITIONS, THE ABOVE CAUSE RLYING CONDITION LESSISMIFICANT CONDITION LESSISMIFICANT CONDITION CAUSE OF CONDITION CAUSE OF OPERATION 198, WA  ERNAL CAUSE WAS ING OF CONTRIB-CAUSE OF DEATH.  E (Month) (Doy)  Certify that I held resulted from: Nature AMINER'S ME (Type) Rud CREMATION, 238, DA GREGIFY)	IF ANY, GIVING (A) STATING THE AST.  HONS CONTRIBUTING TRELATED TO T USING IT.  CONDITION FOR Y S PERFORMED  (Yeor) (Hour) 2 m. V  Inquiry 1  Inquiry 2  Inquiry 3  Inquiry 2  Inquiry 3  Inquiry 4  Inquiry 3  Inquiry 4  I	PLACE OF INJURY (e.g., form, foctory, sheet, M.D. C. NAME of CEMETERY	while work ond chief ME  de Homicide  CHIEF ME  ASSOCIATE ME  or CREMATORY	THE DID OCCUR?  W DID INJURY  The on this  Und  DICAL EXAM  DICAL EXAM  DICAL EXAM  DICAL EXAM	CERTIFYING CAI YES in Boltimore City, OCCUR?  bosis, death in determined moni MINER  MINER  MINER  MINER  CATION (Cit	my opinion ner   8/14/	DATE SIGNI
NSE TUNDE  NOTHER  OTHER  TO T  DISEA  19A, DAT  21A, EXTI  UNDERLY  UNDERLY  21D TIM  OF INJUI  (APPROX.  22.  ACC  SIG  EX.  NAI  23A. BURIAL  REMOVAL (S	SES OR CONDITIONS, THE ABOVE CAUSE RLYING CONDITION LESSISMIFICANT CONDITION LESSISMIFICANT CONDITION CAUSE OF CONDITION CAUSE OF OPERATION 198, WA  ERNAL CAUSE WAS SING OF CONTRIB-CAUSE OF DEATH.  E (Month) (Doy)  Certify that I held resulted from: Nature AMINER'S ME (Type) Rud CREMATION, 238, DA Specify) 8-1	IF ANY, GIVING (A) STATING THE LAST.  HONS CONTRIBUTING TRELATED TO T USING IT.  CONDITION FOR Y S PERFORMED  21 B. home etc.)  (Yeor) (Hour) 2  m. V  Inquiry   Inquiry   Inquiry   23 A	VHICH OPERATION  PLACE OF INJURY (e.g., form, foctory, sheet,  TE. INJURY OCCURRED  WHILE AT NOT NORK  Inspection A  Accident Suici	while work ond chief ME	THE DID OCCUR?  W DID INJURY  that an this  Una  DICAL EXAL  DICAL EXAL  DICAL EXAL	CERTIFYING CAI YES in Boltimore City, OCCUR?  bosis, death in determined moni MINER  MINER  MINER  MINER  CIT	my opinion ner   8/14/	DATE SIGN  65  (Sto
NSE TUNDE  NOTHER  OTHER  TO T  DISEA  19A, DAT  21A, EXTI  UNDERLY  UNDERLY  21D TIM  OF INJUI  (APPROX.  22.  ACC  SIG  EX.  NAI  23A. BURIAL  REMOVAL (S	SES OR CONDITIONS, THE ABOVE CAUSE RLYING CONDITION L  SIGNIFICANT CONDIT HE DEATH BUT NO SE OR CONDITION CAI TO OF OPERATION 19B. WA  ERNAL CAUSE WAS ING OR CONTRIB- CAUSE OF DEATH.  E (Month) (Doy)  Certify that I held TE OF OPERATION (Doy)  CONTRIB- CAUSE OF DEATH.  CREMATION, 23B. DA  SING OR CONTRIB- CAUSE WAS ING OR CONTRI	IF ANY, GIVING (A) STATING THE LAST.  HONS CONTRIBUTING TRELATED TO T USING IT.  CONDITION FOR S PERFORMED  21 B. home etc.)  (Yeor) (Hour) 2 m. V  Inquiry  Inquiry  Inquiry  Louses X  238. NAME	PLACE OF INJURY (e.g., form, foctory, street, M.D., C. NAME of CEMETERY  OF REGISTRAR	while work ond chief ME  de Homicide  CHIEF ME  ASSOCIATE ME  or CREMATORY	THE DID OCCUR?  W DID INJURY  that an this  Una  DICAL EXAL  DICAL EXAL  DICAL EXAL	CERTIFYING CAI YES in Boltimore City, OCCUR?  bosis, death in determined moni MINER  MINER  MINER  MINER  CIT	my opinion ner   8/14/	DATE SIGN  65  (Sto
NSE TUNDE  NOTHER  OTHER  TO T  DISEA  19A, DAT  21A, EXTI  UNDERLY  UNDERLY  21D TIM  OF INJUI  (APPROX.  22.  ACC  SIG  EX.  NAI  23A. BURIAL  REMOVAL (S	SES OR CONDITIONS, THE ABOVE CAUSE RLYING CONDITION L  SIGNIFICANT CONDIT HE DEATH BUT NO SE OR CONDITION CAI TO OF OPERATION 19B. WA  ERNAL CAUSE WAS ING OR CONTRIB- CAUSE OF DEATH.  E (Month) (Doy)  Certify that I held TE OF OPERATION (Doy)  CONTRIB- CAUSE OF DEATH.  CREMATION, 23B. DA  SING OR CONTRIB- CAUSE WAS ING OR CONTRI	IF ANY, GIVING (A) STATING THE LAST.  HONS CONTRIBUTING TRELATED TO T USING IT.  CONDITION FOR Y S PERFORMED  21 B. home etc.)  (Yeor) (Hour) 2  m. V  Inquiry   Inquiry   Inquiry   23 A	PLACE OF INJURY (e.g., form, foctory, street, M.D., C. NAME of CEMETERY  OF REGISTRAR	while work ond chief ME	THE DID OCCUR?  W DID INJURY  that an this  Una  DICAL EXAL  DICAL EXAL  DICAL EXAL	CERTIFYING CAI YES in Boltimore City, OCCUR?  bosis, death in determined moni MINER  MINER  MINER  MINER  CATION (Cit	my opinion ner   8/14/	DATE SIGN  65  (Sto



VS 151-REV. 1/1/65

Richard V.

Singleton, Glen Burnie, Md.

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PARTY AND DESCRIPTION

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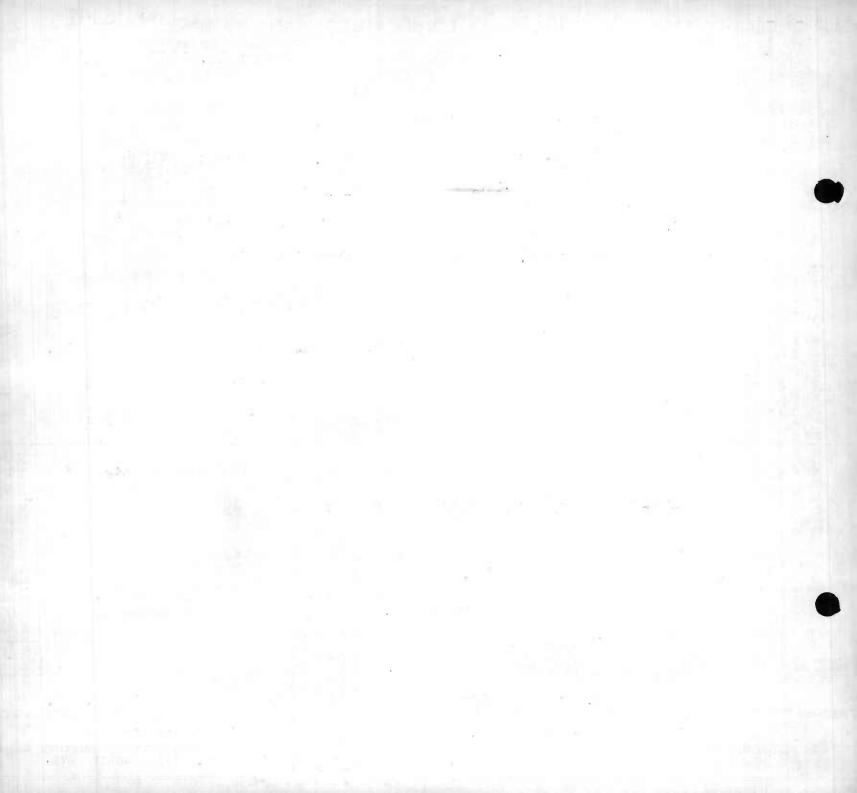
	63-18406	CTD T1 T1 C 1	DEPARTMENT	Registered N&5	8399
M.E	TH NO. 65 839	9 CERTIFICA	TE OF DEATH		0000
1. N	AME OF DECEASED	CMillion Par	2 Mattern 8/12/6	HOUR OF DEATH	165m m.
3. P	PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESTDENCE (Where A. STATE B. COUNT	deceosed lived. If institu	ution: residence before admission)
-	FULL NAME OF (If not in hospital or institut HOSPITAL OR address or location) NSTITUTION	ion, give street	MARYLAND, B		AL and give township)
3	Johns Hopkins Hospita	al		rol, give lacotion)	63-00
_			303 EASTERN	AVE.	
5. S	Male White NE	RIED, NEVER MARRIED DWED, DIVORCED (specify) VER MARRIED	7-3-63	st birthday) M	f Under 1 Yr. If Under 24 Hrs. Annths Doys Hours Min.
	USUAL OCCUPATION (Give kind of work 10 B. KIN) e during most all working lile, even if retired)	D OF BUSINESS OR INDUSTRY	Balto,	n country)	2. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME	1 - 1	14. MOTHERS MAIDEN NAM	E	
	OSCAR MCMILLION	mempetern)	BONNIE	LAWRENCE	
1S. V	Was Deceased Ever in U. S. Armed Forces? (s,no or unknown) (If yes, give wor or doles of serv	16. SOCIAL SECURITY NO.	17. INFORMANT Mather (	Same	as always
	18. 193.4	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY	N/ -	hetal II	11.+	T .1/
	LEADING TO DEATH (This does not mean the made of dying,	e.g., DUE TO	19219116 INGULO	blastoma	2 months
	heart failure, asthenia, etc. It means the dise injury ar complication which caused death.)				
	ANTECEDENT CAUSES	(B)		= 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
	DISEASES OR CONDITIONS, if any, gi	DUE TO			
	rise to the above cause (A) stating UNDERLYING CONDITION tast.	the (C)	AA * * * * * * * * * * * * * * * * * *		
	11				
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO				
	DISEASE OR CONDITION CAUSING IT.	OR WHICH OPERATION	[20A. AUTOPSY? (Yes or No)]	20B. IF YES, WERE FIN	DINGS CONSIDERED
ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	YES	IN CERTIFYING CAUSE	S OF DEATH?
AL C	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., i home, form, factory, street, o etc.)	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimare C	ity, give exoct locotion)
DIC	210. TIME (Month) (Day) (Year) (Hour)	21E, INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
ME	(APPROX.)	While At Not Whil	e		
		Work At Wark	10	65 to Augu	1st 12 1965.
	22. I certify that (I) (this hospital) attend that (I) (we) last saw the deceased alive	1 1 1	1		n death occurred an the date
	and hour and from the couses stated above			r in (my/ (/ apinia	n death occurred an the date
	23A. SIGNATURE	(i) (we) (did) (	view the bady offer death.	123	B. DATE SIGNED
	Kichard V.	Godde M.D. All	s. Director P	hys. C	Aug 12, 1965
H	23C. PHYSICIAM'S NAME (Type) Richard W.	Dodds M.O.	CMC Johns	Hopkins Hosp	, ,
24A	REMOVAL (Specify) 24B. DATE 24	C. NAME of CEMETERY OF CR	EMATORY 24D. LO	CATION (City,	town, or county) (State)
25/	A. DATE REC'D BY HEALTH DEPT.   25B. NA	ME OF REGISTRAR	25G FUNERAL DIRECTOR	salt,	ADDRESS
	AUG 16 1965 P.O. A. E.	Falkens .	Connelly.	300 Mac	e are Bull a
VS	150-REV. 1/1/65	7 0 0 0	790	}	

BALLIMORE CITY HEALTH DEP

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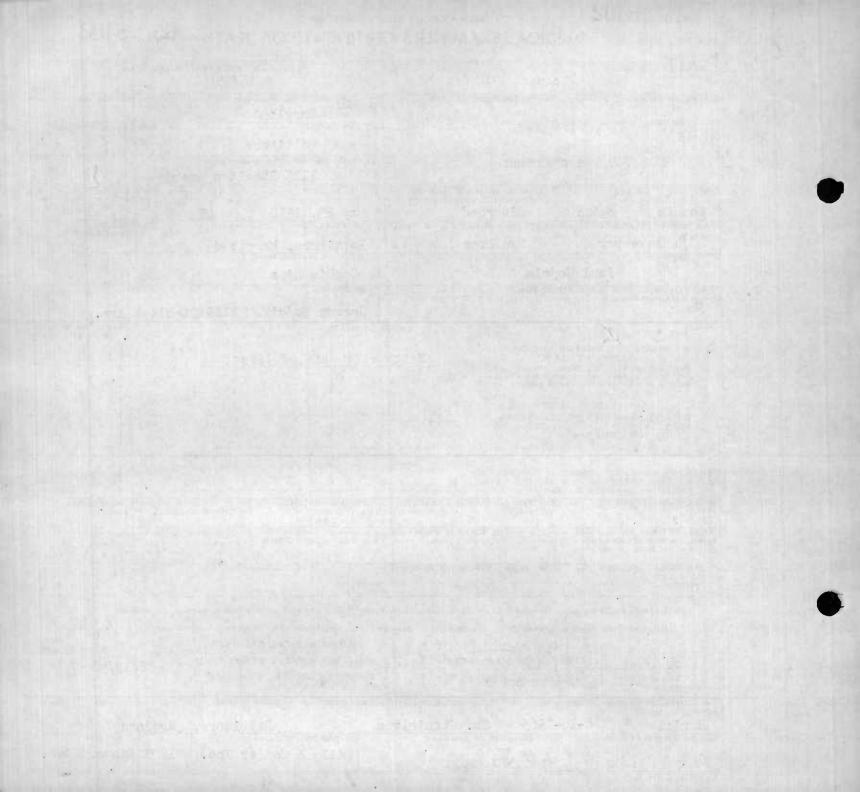
Myses did I be many M girl Humphris

death ceased on the	1. NAME OF DECEASED (Type or Pint)  Leroy  H. Langkam  2. Date and Hour of Death August 11, 1965	771.
d in a hospiting cause of cause; (5) De attendance rior to death	FULL NAME OF (If not in hospitol or institution, give streat HOSPITAL OR INSTITUTION Baltimore City Hospitals  4. STATE B. COUNTY  Maryland  C. CITY OR TOWN (If outside city limits, write RI  Baltimore  D. STREET ADDRESS (If rurol, give locotion)	16-10
occurre contribut ermined regular eased p is made	5. SEX   6. RACE   7. MARRIED, NEVER MARRIED   B. DATE OF BIRTH   9. AGE (In years lost birthdoy)   Male   White   Single   7-9-05   60	II Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  done during most of working life, even if retired)  Retired  Baltimore, Maryland	12. CITIZEN OF WHAT COUNTRY?
ce on the decinal disposition	13. FATHER'S NAME Frederick W. Langkam  14. MOTHER'S MAIDEN NAME Josephine Domier	
r final d	15. Was Deceased Ever in U. S. Armed Forces? (Yes, na or unknown) (If yes, give war ar dates af service)  No  16. SOCIAL SECURITY NO.  RECORDS: BCH: 4940 Eas	ADDRESS stern Avenue #24
o o	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (A) Pulmonary Embolus	INTERVAL BETWEEN ONSET AND DEATH  5 Min.
mbal	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. it means the disease, injury or complication which caused death.)  Venous Thrombosis	?
who who	DISEASES OR CONDITIONS, if ony, giving rise to the obave couse (A) stating the UNDERLYING CONDITION last.	8 Days
physician an was ir remains	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  Severe Pulmonary Obstructive Contribution Causing It.	Many ve Disease Years
the hysici re the	U 21A, ACCIDENT WAS UNDERLYING 21B, PLACE OF INJURY (e.g., in or obout 2 C, WHERE DID (II in Boltimore	NDINGS CONSIDERED SES OF DEATH?  City, give exact lacation)
(6) No ned be	OR CONTRIBUTING CAUSE OF hame, form, foctory, street, office bldg., INJURY OCCUR?  DEATH (natily medical examiner)  O 21D. TIME (Manth) (Day) (Year) (Hour)  O INJURY  (APPROX.)  White At Not White	
h); an be obt	22. I certify that (1) (this haspital) attended the deceased from August 2, 1965 to August 2, 1965 to August 11, 1965 and that in (my) (our) opiniond hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.	ion deoth occurred on the dote
to death)	23A. SIGNATURE  M.D. Attending Med. Director Phys. K	August 11, 1965
An acc	Dr. Donald Baltzan M.D. 4940 Eastern Avenue Bal	timore, Md. #24
shows: (1) was D.O.A deceased written ap	Burial 8-16-1965 Mt. Carmel Baltimore, Mar	

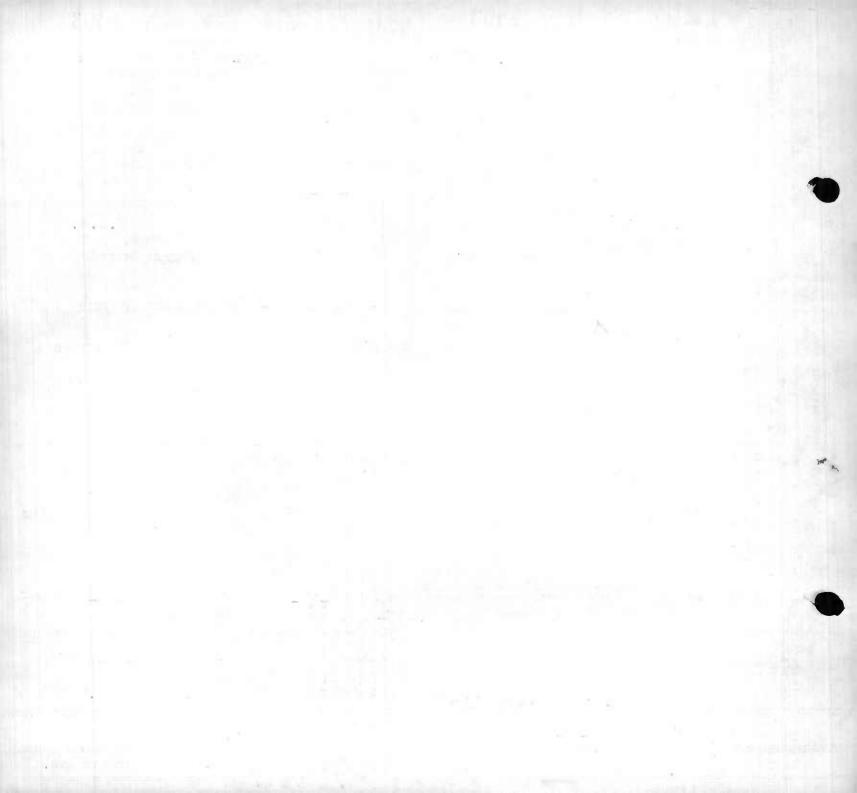


## 0409

\$.670	BIRTH NO.  M.E. CASE NO.  BALTIMORE CITY HEA  MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH Registered No. 8402			
	1. NAME OF DECEASED (Type or Print)  Theresa DORSEY	2. DATE AND HOUR PRONOUNCED DEAD 8.15 p			
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission B. COUNTY  Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  Baltimore D. STREET ADDRESS (If rural, give location)  1125 Steelton Avenue			
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION				
00	DOA,700 F1eet street				
	female   6. RACE   7. MARRIED, NEVER MARRIED   WIDOWED, DIVORCED (specify)   Divorced	B. DATE OF BIRTH  9. AGE (In years If Under 1 Yr, If Under 24 Hrs. Months, Doys Hours Min.  May 23, 1918			
	done during most of working life, even if retired  Own Home	Baltimore, Maryland  14. MOTHER'S MAIDEN NAME			
	Paul Wojcik	Sophia Giza			
	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL   SECURITY NO.   NO	George Wojcik 1125 Steelton Ave.			
	DISEASE OR CONDITION DIRECTLY	GE OF DEATH  ONSET AND DEATH  CITTHOSIS OF liver			
	UTING CAUSE OF DEATH.	20A. AUTOPSY? (Yes or No)   20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  YES  yes  in or obout 21C. WHERE DID (If in Boltimore City, give exact location) office bldg., INJURY OCCUR?			
	OF INJURY (APPROX.)  1 certify that I held an Inquiry Inspection Acres Income Inspection Acres Income Inspection Acres Income Inspection Inspec	wORK and that an this basis, death in my aplnian			
	23A. BURIAL CREMATION, PARENCY ST. STANDS ST				



3. PLACE OF DEA	EASED	R Min	ollon			ID HOUR OF DEATH	4:00 A
	(Type or Print)  Louise B.Mueller  3. PLACE OF DEATH IN BALTIMORE, MARYLAND					.5-1965	institution: residence before admission)
FULL NAME O	ve streel	Maryland Baltimore					
INSTITUTION			C. CITY OR ES	sex	rural, give location)	RURAL and give township)	
Baltimore, Maryland					Avenue	21221	
Female	White	WIDOWED,	DIVORCED (specify)	8. DATE OF 8	-1897	9. AGE (In years lost birthday) 68	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
OA, USUAL OCCU lone during most of v Houset	JPATION (Give kind of work working life, even if retired) Wife	Own Ho		Maryla Maryla	ce (Stole or foreigna)	gn country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHERS NAME George Davis				14. MOTHERS MAIDEN NAME Mary Semrod			
5. Was Deceased (es, no or unknown) No	Ever in U. S. Anned For (If yos, give wor or dote	ces? s of service)	16. SOCIAL SECURITY NO.	17. INFORMA	NT		ADDRESS
18. O S	E OR CONDITION DIE	RECTLY		Record DF DEATH	s:BCH-1	940 Easte	INTERVAL BETWEEN ONSET AND DEATH
DISEASES OF THE SIGNIFICATION OF THE SIGNIFICATION OF THE DISEASE OF THE DISEASE OF THE SIGNIFICATION OF THE SI	ANTECEDENT CAUSES  ANTECEDENT CAUSES  OR CONDITIONS, if i obove couse (A) G CONDITION lost.  II FICANT CONDITIONS C  EATH BUT NOT RELA CONDITION CAUSING	ony, giving sloting the CONTRIBUTING	Read	tion			6 hours
	OPERATION 198. CON	DITION FOR W	HICH OPERATION	20 A. AUTO		IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
19A. DATE OF	******						
21A. ACCIDEN OR CONTRIBU	IT WAS UNDERLYING CAUSE OF	21 B. I homo etc.)	PLACE OF INJURY (e.g., lorm, loctory, street,	in or about 21 C. office bldg., INJU	Yes WHERE DID IRY OCCUR?	(If in Boltimo	ore City, give exact location)
21 A. ACCIDEN OR CONTRIBU DEATH (notify	IT WAS UNDERLYING	(Hour) 21E.	INJURY OCCURRED  A Not Wi	office bldg., INJU	WHERE DID		
19A. DATE OF 21A. ACCIDEN OR CONTRIBU DEATH (notify) 21D. TIME OF INJURY (APPROX.)  22. I certify that (I) (we)	IT WAS UNDERLYING CAUSE OF modical examiner)  (Month) (Day) (Year)  that (1) (this hospital lost saw the decease	(Hour) 21E, While Work	INJURY OCCURRED  Al Wol  deceased from	21F.	WHERE DID INJ	URY OCCUR?	
21A. ACCIDEN OR CONTRIBU DEATH (notify 12) 21D. TIME OF INJURY (APPROX.)  22. I certify that (I) (we) and hour and 23A, SIGNATU	TT WAS UNDERLYING CAUSE OF modical examiner)  (Month) (Day) (Year)  that (1) (this hospital lost saw the decease from the causes started than the caus	(Hour) 21E, While Work	Norm, loctory, street  INJURY OCCURRED  AI Not With At Work  deceased from	ile 21F. 21F. 21F. 21F. 21F. 21F. 21F. 21F.	HOW DID INJ	URY OCCUR?	8-151965.
19A-DATE OF 21A-ACCIDEN OR CONTRIBU DEATH (notify  21D. TIME OF INJURY (APPROX.)  22. I certify that (I) (we) and hour and	that (1) (this hospital lost saw the decease I fram the causes star RE	(Hour) 21E. While Work of alive anted above. (I)	Norm, loctory, street  INJURY OCCURRED  AI Nor Wi At Wor  deceased from  (We) (did) (did not)  M.D. A	office bldg., INJU  21F.  19 6  view the bady  tending  ys.  23D. ADDRESS	HOW DID INJ and the after death.  Med. Director	ory occur?  1965—to——— at in(my) (aur) op  Stoff Phys. X  Avenue, Ba	8-1-5- 19 65. Dinlan death accurred an the date

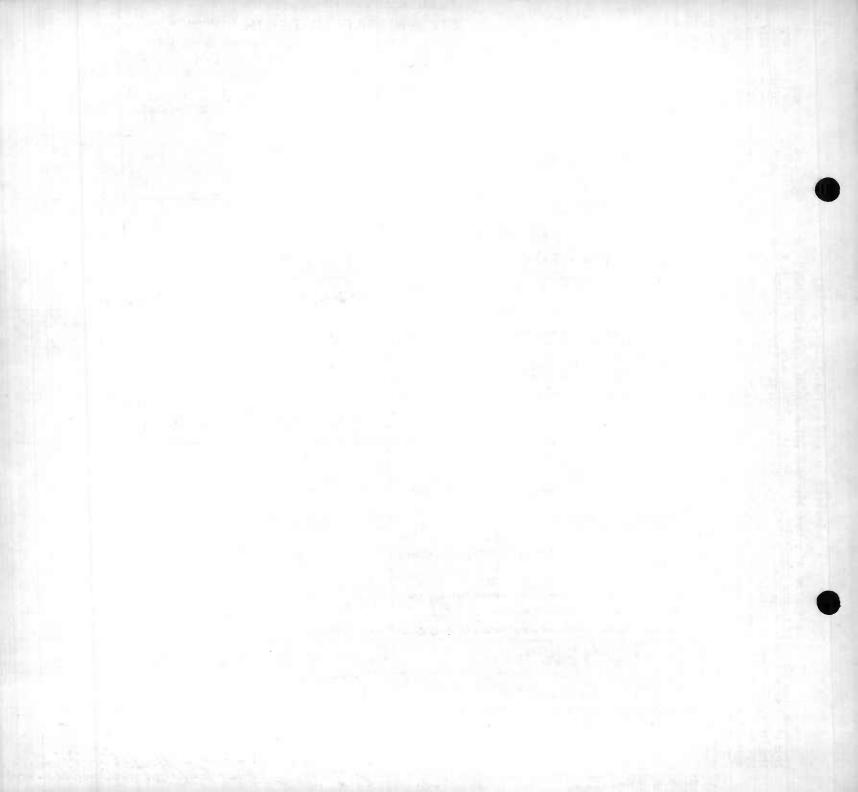


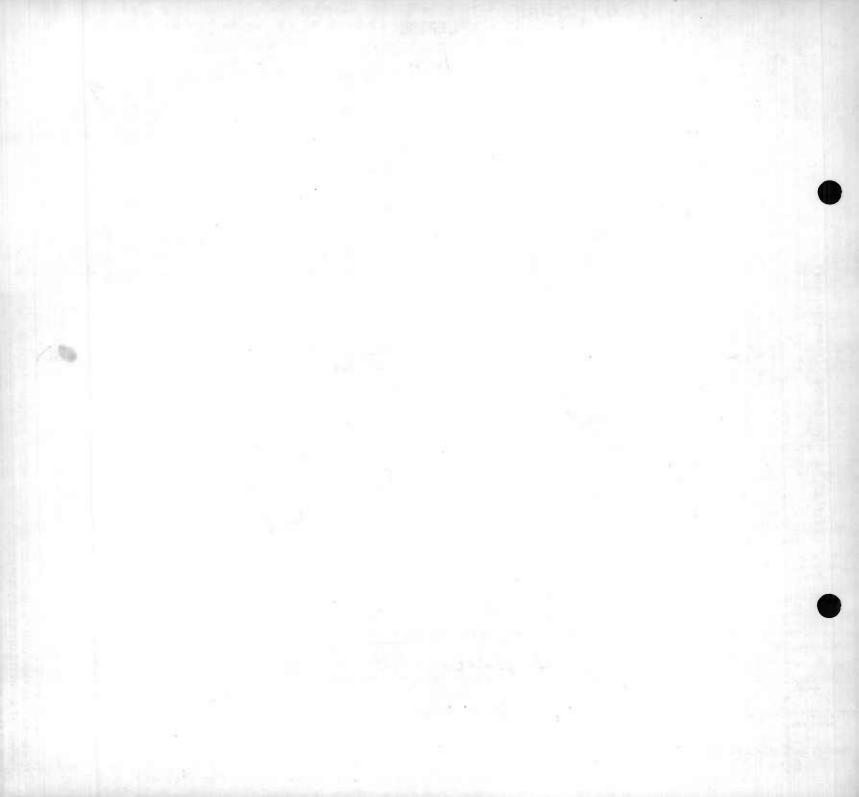
0 1	11 N		BALTIMORE	CITY HEALTH DEPARTMENT
19-	46004		H NO. 65 8404 CERTIFI	CATE OF DEATH Registered No.5 8404
	deat deat ease n th Suc	1. N	AME OF DECEASED	2. DATE AND HOUR OF DEATH
	of deat of deat Decease e on th		PLACE OF DEATH IN BALTIMORE MARYLAND	8/13/65 1/2 -am.
	L 0	3. P	LACE OF DEATH IN BALTIMORE, MARTLAND	4. USUAL RESIDENCE Where declared lived. If institution: residence before admission. A. STATE B. COUNTY
		H	FULL NAME OF (If not in haspital or institution, give street address or location)	C. CITY OR TOWN Alf outside city limits, write RURAL and give township)
	car use; tend	II.	NSTITUTION . A LIGHT TE	Linthicum Heither 32
	cauting att	6	minerally Thospias	D. STREET ADDRESS (If rural, give location)
	D	_	BAZTIMOLE I INIA	1305 River Rd.
10	occurre ontribut ermined regular regular is made	5. S	6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specif	(y)  B. DATE OF BIRTH  9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Doys Haurs Min.
		10A.	. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDI	USTRY 11. BIRTHPIKACE (State or foreign country)/ 12. CITIZEN OF
	rect or c (4) Undet was in the dec	dane	e during most of working file, even if retired)	WHAT COUNTRY?
	de de de de sit	13. F	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
<u> </u>			1sha) H. Bowler	mattie Pursles
Z	nd; nd; on	15. V (Yes.	Was Deceased Ever in U. S. Armed Farces?  ,,na arunknown) (if yes, give war ar dales-of service)  SECURITY NO.	17. INFORMANT
TZ	the the kin ded	-	, , , ,	Sister ANNA B! 131AND.
IMPORTAN	if if it as		18.33 4.7.1 CAU	SE OF DEATH  STATE ON SET AND DEATH  ONSET AND DEATH
¥	Also, e of c nounc atten		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	the anton of sortal 48his
			(This does not meon the mode of dying, e.g.,  (A)  DUE TO	of was of was a
22	ner. actu pro ular mba		heorf foilure, osthenio, etc. It meons the diseose, injury or complication which caused death,)	
5	min fra fra egu		ANTECEDENT CAUSES (B) DUE TO	0 .
<u> </u>	examiexami 3) A fr 1 who in reg		DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) stating the (C)	
DIRECTOR:			UNDERLYING CONDITION Iosi.	
	medical hedical burns; (; hysician in was i	z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	to musearchal Instaret
A A		ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	(E), you con and you go
UNERAL	chief y a r Body the p tysicic	CERTIFIC	A-DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
5	by	CER	21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF MIURY	(e.g., in at about 21 C. WHERE DID (If in Baltimare City, give exact lacotion)
	tal by (2) here to ph befor		OR CONTRIBUTING CAUSE OF hame, form, foctory, street.)	eet affice bldg., INJURY OCCUR?
	م ١٤٠٥		21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURREN	D 21F. HOW DID INJURY OCCUR?
	oved be hosp r natur (cept w nd (6) tained	2		While Wark
	he he xx		22. I certify that (1) this hospital) attended the deceased from	8/5, 165 10 8/13 163,
	of arrot al (e); (h); (be o		that (1) we) last saw the deceased alive on 8/17	19.65 and that in my) (our) opinion death accurred on the date
	0 7 0 0 + -	11 1	and hour and from the causes stated above (1) (We) (did) (did i	
	7 4 0 -		23A. SIGNATURE  M.D.	Attending Med. Stoff
			23 C. PHYSICIAN'S	Phys. Director Phys. 4 8/13/03
	was r An a A. at a prior		NAME (Type)	M.O. University Homesta
		24A	BURIAL CREMATION, 124B. DATE 124C, NAME of CEMETERY	(C)
	This certif the body shows: (1) was D.O./ deceased written a	1	Surial Aug-15/65 Grace Ce	metery Rollins fork, Virginia
	This of the b show was deced	25A	DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C FUNERAL DIRECTOR ADDRESS
	ナキャックメ		AUG 16 1965 A P. R. P. F. D. W. O.	Med Dinglaton, Glen Burnie, Mo
		VS 1	150-REV. 1/1/65	

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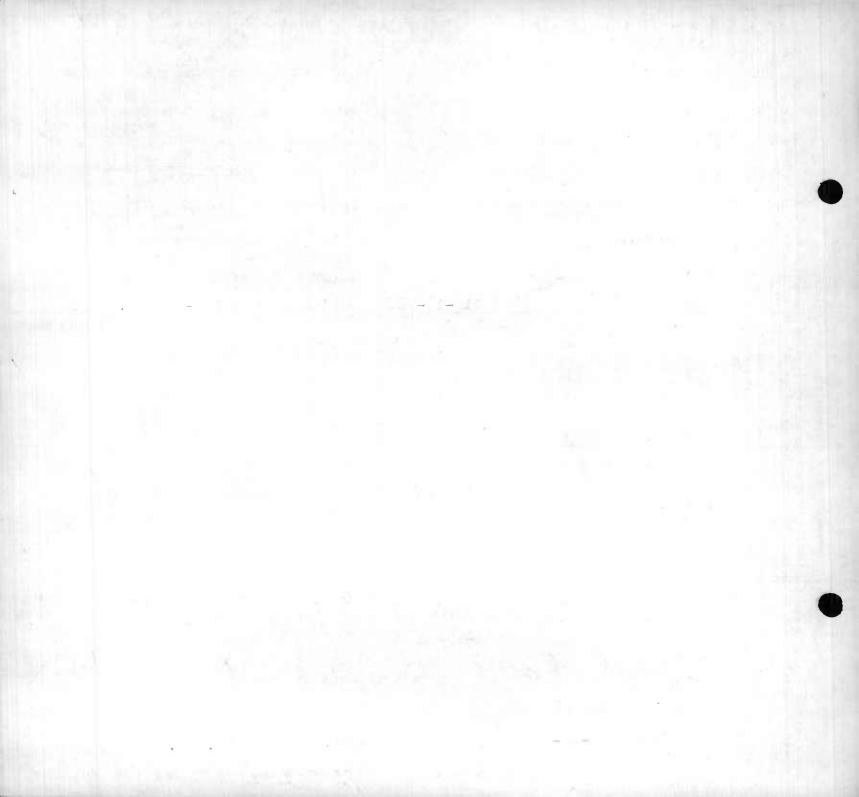
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	approved by the chief medical examiner or his assistant if death occurred in a hospital and	to the hospital by a medical examiner. Also, if the direct or contributing cause of death	Sec	the	UC.	
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	This certificate must be	the body was released	shows; (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.
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	BALTIMORE CIT	Y HEALTH DEPARTMENT				
BIRTH NO.	CERTIFICA	TE OF DEATH Registered Na.	E DANE			
M.E. CASE NO.		2. DATE AND HOUR OF DEATH	5_8405			
	NELIUIS. S.	10:00 PM	8/13/65-			
B. PLACE OF DEATH IN BALTIMORE, MARYLAI	ND	4. USUAL RESIDENCE (Where deceased lived. If institution residence before admission A. STATE B. COUNTY				
FULL NAME OF (If not in hospital or ins	titulian, give street	marylozd. Balto				
OSPITAL OR oddress or location) ISTITUTION		C. CITY OR TOWN (If outside city limits, write RURAL and give township)				
1. was by Hagnita		1921+more 3000				
University Hospida	as les	D. STREET ADDRESS (If juiol, give locotion)	2-1 #20			
70011	ne Sos.		road 28.			
	ARRIED, NEVER MARRIED (IDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years lost birthday)	Months Doys Hours Min.			
10A, USUAL OCCUPATION (Give kind of work 10B, 1	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF			
done during most of working lile, even il retired)		1 0 0	WHAT COUNTRY?			
Kerminal manager Mk	chack Transports	non 201th Carolina,	USA			
3. FATHERS NAME		14. MOTHER'S MAIDEN NAME				
Claude Iromedy		hula Gawlord.				
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown   (III yes, give war or dates of :	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	SECONIII NO.	MOSP. REG. K	ROOM			
18. // -> // /	CAUSE	OF DEATH	INTERVAL BETWEEN			
DISEASE OR CONDITION DIRECTL	ν		ONSET AND DEATH			
LEADING TO DEATH Cheshictus Gineral Disease Tale 1969.						
(This does not meon the mode of dying, e.g.,						
Linium as complication which coulod doubt						
ANTECEDENT CAUSES	(B) (*)	or Pulmonale.				
	DUE TO		**************************************			
DISEASES OR CONDITIONS, if ony, rise to the obove couse (A) state	giving	ngestive Heart failure.				
UNDERLYING CONDITION lost.	g	TO SECTION OF THE PROPERTY OF	**************************************			
11						
Z CHILL MONIFICANT CONTINUE CONTI	RIBUTING A	-6				
TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	TO THE ASCISET	) ·				
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM	N FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FI	NDINGS CONSIDERED			
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM		OKIN IIIVO OKO	JES OF DEATH.			
OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., home, lorm, foctory, street,	in or about 21 C. WHERE DID (If in Baltimore	City, give exact location)			
DEATH (notify medical examiner)	etc.)					
21 D. TIME (Month) (Day) (Year) (Ho	ur 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?				
OF INJURY (APPROX.)	While At Not Wh					
(ATTROX)	Work At Work		1 1			
22. I certify that (6) (this hospital) att	ended the deceased fram	6/9/65 19 10 8	110/64 19			
that (1) (we) last saw the deceased ali	ve an 6/13	19 6 and that in (par) (aur) apin	ian death accurred an the			
and have and from the causes stated a	/					
23A. SIGNATURE	saver and the first saver		23B, DATE SIGNED			
A () (vd.)	M.D. At	tending Med. Staff	012115			
Co. Corvin	Ph	ys. Director Phys.	0/10/60,			
EANN ROBINS	dN. M.D.	University Hospital				
24A. BURIAL CREMATION, 248. DATE	24C, NAME of CEMETERY of CI		, lown, or county) (State			
REMOVAL, (Specify)	- 14 , 1 .	MEM. PK CHARLOT	- 1/ n			
DURIAL 1/16/6-	- //// 0/0	IEMIC 11, CITATLOT	E/10,6			
25A. DATE REC'D BY HEALTH DEPT. 25B.	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR Orms /U	ADDRESS			
	1 1 0 0	2000	at me ile			
/S 150-REV, 1/1/65	7 - 3 - 4 - 1	12 y your more Co	un rune 1			





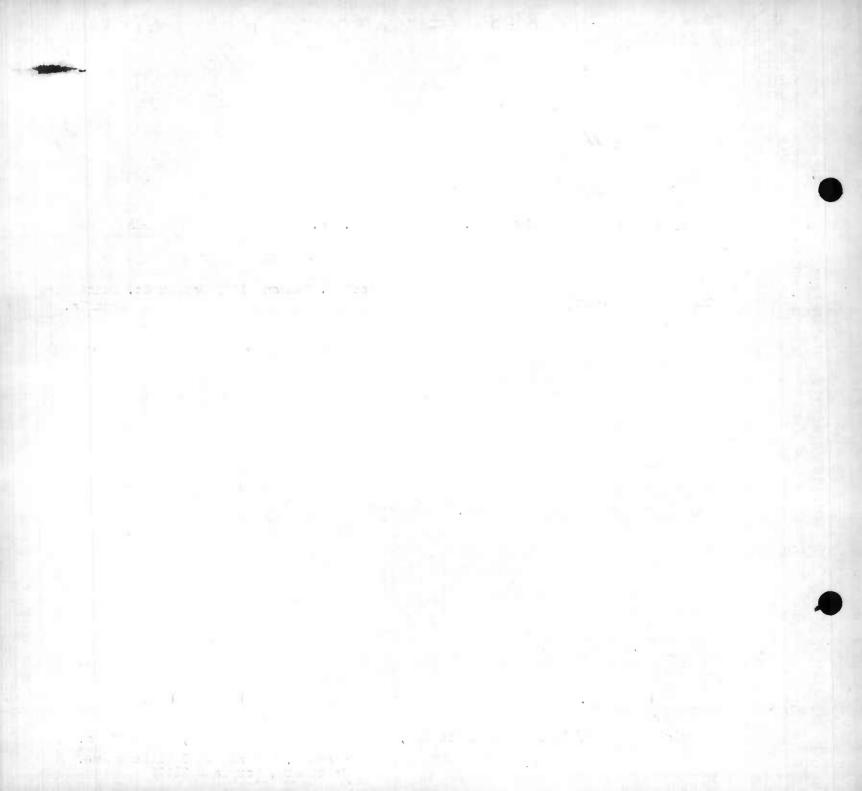
- 3 0 D	BIRTH NO. 65 8407 CERTIFICATE OF DEATH Registered No. 65 8407
and eath ased the Such	M.E. CASE NO.  1. NAME OF DECEASED  (Type or Print)  2. DATE AND HOUR OF DEATH
nospital and se of death (5) Deceased ance on the death. Such	3. PLACE OF DEATH IN BALTIMORE, MARYLAND  A. STATE  B. COUNTY  A. STATE  B. COUNTY
hos Jse (5) land der	FULL NAME OF (If not in hospital or institution, give street hOSPITAL OR oddress or location)  (If not in hospital or institution, give street oddress or location)  (C. CITY OR TOWN (If outside city limits, write RURAL and give township)
fin a ling cause; attendior to	UNION MEMORIAL HOSPITAL RANTIMORE D. STREET ADDRESS (If rurol, give location)
0.= -	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE, OF BIRTH 9. AGE (In years   If Under 1 Yr.   If Under 24   Months; Doys Hours; M
th occurre contribut etermined n regular sceased p	MARRIED 573-21 4445.  10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY?
Und Und is i	BALTO. MD.  13. FATHERS NAME  14. MOTHERS MAIDEN NAME
- + (4)	MILTON LERUY DAVIDSON THERESA KREBS
assistant if the din ny kind; ad death dance on r final di	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of service)  No  16. SOCIAL SECURITY NO. 216-18-7868 Charles Bert White-1834 E. Jappa B
D B = 5 B B ≥	18. 199 2 1 CAUSE OF DEATH INTERVAL BETWEEN
0 - 5 - 0 -	LEADING TO DEATH  (This does not mean the mode of dying, e.g.,  DUE TO  DUE TO
iner. ractur pror	heart failure, asthenio, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  (B)
Cal examine all examine s; (3) A fraction who prize in regula	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoting the (C)
lical cal ns; (3) ician as ir	UNDERLYING CONDITION lost.
MAL DI medical medical burns; physicia an was	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
chiefroy a m body by the physicia	198. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
- 41-01-4-	21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?
B 6 5 5 6	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  While AI Not While
proved the hosen my nat except and (6	22. I certify that (I) (this hospital) attended the deceased from AUC. 6 1965 to AUG: 13 19
sed to sed to int of a pital ( eath);	that (I) (we) last sow the deceased alive an AuG. 13 19 65 and that in (my) (aur) apinion death occurred an the and haur and fram the causes stated above. (I) (We) (did) (did not) view the bady after death.
lease lease ident hospi o dec	23A. SIGNATURE  23B. DATE SIGNED  M.D. Attending Med. Stoff
as relate mas related at a rior to roval	23C. PHYSICIAN'S NAME (Type)  23D. ADDRESS
certificate sody was vs. (1) An a D.O.A. at ased prior	Brian H Gross  24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, Iown, or county) (Sice REMOVAL (Specify))
This cert the body shows: ( was D.O decease	Burial 8-16-65 Parkwood Semetary Balto, Md. address
4 4 6 5	AUG 16 1965 P. D. B. E. Farlund O John C. Frille Inc 6415 Below K



2. DATE AND HOUR OF DEATH USUAL RESIDENCE (Whore deceased lived. If institution: residence RURAL and give township) write If Under 1 Yr. If Under 24 His. Months Doys Hours 2. CITIZEN OF WHAT COUNTRY? USA ADDRESS Carl W. Duncan 1829 Napier St. Huntington West Va. INTERVAL BETWEEN ONSET AND DEATH 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) 19 and that In (my) (our) opinion death accurred on the date 23 B. DATE SIGNED written approval HOSPITAL deceased (City, town, or county) shows: West Va. ADDRESS Howard H. Hubbard 4107 Wilkens Ave. Baltimore, Maryland 21229 VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

Registered No.



VS 150-REV. 1/1/65

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death.

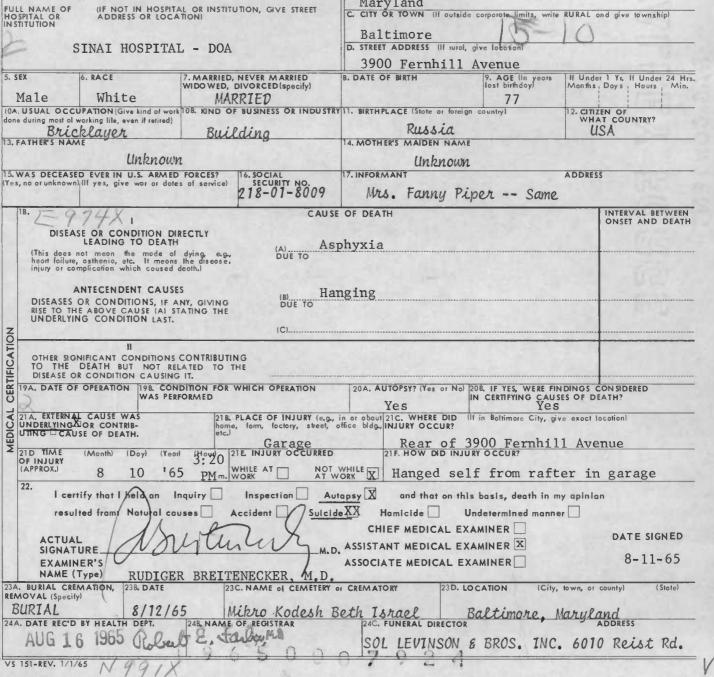
BALTIMORE CITY HEALTH DEPARTMENT Registered Na. 5 CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) August 10, 1965 John T. Ryan 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived. II institution: residence Maryland FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) INSTITUTION Baltimore 39 Oaklee Village (If rurol, give location) D. STREET ADDRESS 39 Oaklee Village B. DATE OF BIRTH 1890 7. MARRIED, NEVER MARRIED 9. AGE (In years If Under 1 Yr. Months! Doys If Under 24 Hrs. Hours Min. 5. SEX 6. RACE Hours WIDOWED, DIVORCED (specify) lost birthdoy Male White December 10, Widowed 11. BIRTHPLACE (State or foreign country) IDA, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. Baltimore, Maryland C & P Retired Wire Chief 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Timothy Ryan Rosanna Higgins 15. Was Deceased Ever in U. S. Armed Forces? 17. INFORMANT 6. SOCIAL (Yes, no or unknown) (It yes, give wor or dotes of service) SECURITY NO. 212-05-0439 William Leo Ryan, 3310 Northway Dr. 21234 Md. No CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death,) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20B. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, lorm, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) DEATH (notify medical examiner) MEDIC (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) At Work Work 22. I certify that (1) (this hospital) attended the deceased fram that (1) (we) last saw the deceased alive on ond that in (my) (our) opinion death occurred on the date ond hour and from the couses stated above. (1) (We) (did) (did noty view the bady after deoth. 23B. DATE SIGNED 23A. SIONATURE Attending 8.13.65 Phys. approval 23 C. PHYSICIAN'S NAME (Type) 23D. ADDRESS M.D. Dr. Justin Kudirka 2151 Wilkens Avenue, Balto, Md. 21223 24C. NAME of CEMETERY of CREMATORY BURIAL CREMATION, 248. DATE 24D. LOCATION (City, town, or county) REMOVAL (Specily)
Burial 3801 Frederick Ave. Balto., Md. 8/14/65 Loudon Park Cemetery

258 NAME OF REGISTRAR

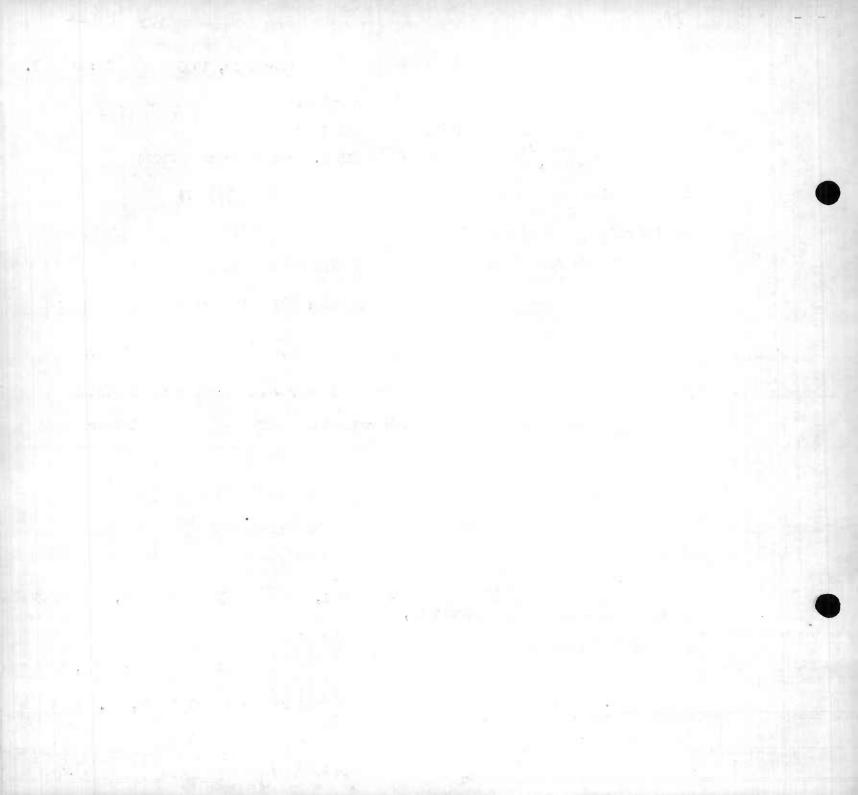
25C. FUNERAL DIRECTOR Howard H. Hubbard, 4107 Wilkens Ave. 21229

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	E CASE NO.		CAL EXAMINER'S C				
Ту	Pe or Print)	JACUL			HOUR PRONOUNCED		
3. P	LACE IN BALT	· · · · · · · · · · · · · · · · · · ·	HERE PRONOUNCED DEAD	8-10	eceosed lived. Il instituti	4:40 P	
				4. USUAL RESIDENCE (Where deceosed lived. Il institution: residence before odmis B. COUNTY  Maryland  C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			
HO	SPITAL OR	ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STREET				
INS	TITUTION			Baltimore	19-1	()	
6	5	SINAI HOSPITAI	L - DOA	D. STREET ADDRESS (If rurol,	give location)		
				3900 Fernhill			
5. \$	EX	6. RACE	7. MARRIED, NEVER MARRIED WIDO WED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years It lost birthdoy)	f Under 1 Yr. If Under 24 Aonths, Doys, Hours, N	
	Male	White	MARRIED		77		
		UPATION (Give kind of work working lile, even if retired)	108. KIND OF BUSINESS OR INDUSTR		country!	2. CITIZEN OF WHAT COUNTRY?	
12 1	Bric FATHER'S NAM	klayer	Building	KUSSIA		USA	
13.1	TATTIER'S HAN	Unknown					
15.1	WAS DECEASE	D EVER IN U.S. ARMED	FORCES? 116. SOCIAL	Unknown	A	DDRESS	
(Yes	s, no or unknown	(If yes, give wor or dote		Mrs. Fanny Pi	not Samo		
	1B. — O	0.111		E OF DEATH	ou suite	INTERVAL BETW	
	E7	171	C 70 3	L OI DEATH		ONSET AND DE	
	DICEA	CE OR CONDITION BU	POT V				
		SE OR CONDITION DIF LEADING TO DEATH	As As	phyxia			
	(This does		dying, e.g., DUE TO	phyxia			
	(This does heart failure injury or co	LEADING TO DEATH not meen the mode of , osthenio, etc. It meens	dying, e.g., DUE TO	phyxia			
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7	(This does heart foilure injury or co DISEASES RISE TO TH	LEADING TO DEATH not meen the mode of , osthenic, etc. If meens mplicotion which coused of  ANTECENDENT CAUSE OR CONDITIONS, IF A	dying e.g., Ihe disease, deoth.)  S (B) Ha				
TION	(This does heart foilure injury or co DISEASES RISE TO TH	LEADING TO DEATH not meen the mode of , osthenic, etc. If meens mplication which coused of  ANTECENDENT CAUSE OR CONDITIONS, IF A IE ABOVE CAUSE (A) ST	dying e.g., Ihe disease, deoth.)  S (B) Ha				
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	(This does heart failure injury or co DISEASES RISE TO THUN DERLY!!	LEADING TO DEATH not meon the mode of , osthenic, etc. If meons mplicotion which coused of ANTECENDENT CAUSE OR CONDITIONS, IF A IE ABOVE CAUSE (AI ST NG CONDITION LAST.  II NIFICANT CONDITIONS DEATH BUT NOT REL IR CONDITION CAUSING	dying, e.g., Ihe disease, deoth.)  S Ha NY, GIVING ATING THE  CONTRIBUTING ATED TO THE IT.  DITION FOR WHICH OPERATION	nging	208. IF YES, WERE FINDI IN CERTIFYING CAUSES YES	NGS CONSIDERED	
CAL CERTIFI	(This does heart foilure injury or co DISEASES RISE TO THE UNDERLYIII  OTHER SIG TO THE DISEASE OF TO THE DISEASE OF THE DISEA	LEADING TO DEATH not meen the mode of osthenio, etc. If meens mplication which coused of ANTECENDENT CAUSE OR CONDITIONS, IF A IE ABOVE CAUSE (AI ST NG CONDITION LAST.  II NIFICANT CONDITIONS DEATH BUT NOT REL R CONDITION CAUSING F OPERATION 198. CON WAS PERF	dying e.g., Ihe disease, deoth.)  S NY, GIVING ATING THE  (C)	nging    20A. AUTOPSY? (Yes or No)     Yes	N CERTIFYING CAUSES	NGS CONSIDERED OF DEATH?	
EDICAL CERTIFI	(This does heart foilure injury or co DISEASES RISE TO THE UNDERLYIII  OTHER SIG TO THE DISEASE OF TO THE DISEASE OF THE DISEA	LEADING TO DEATH not meon the mode of , osthenio, etc. It meons mplicotion which coused of ANTECENDENT CAUSE OR CONDITIONS, IF A IE ABOVE CAUSE (AI ST NG CONDITION LAST.  II NIFICANT CONDITIONS DEATH BUT NOT REL IR CONDITION CAUSING F OPERATION 19B, CONI WAS PERF	dying e.g., Ihe disease, deoth.)  S  NY, GIVING ATING THE  (C)	nging  20A. AUTOPSY? (Yes or No)  Yes  in or obout 21C. WHERE DID (In office bidg., INJURY OCCUR?	N CERTIFYING CAUSES Yes f in Boltimore City, give	NGS CONSIDERED OF DEATH? exoct locotion)	
CAL CERTIFI	(This does heart foilure injury or co DISEASES RISE TO THE UNDERLYIII	LEADING TO DEATH not meen the mode of osthenio, etc. If meens mplication which coused of ANTECENDENT CAUSE OR CONDITIONS, IF A IE ABOVE CAUSE (AI ST NG CONDITION LAST.  II NIFICANT CONDITIONS DEATH BUT NOT REL R CONDITION CAUSING F OPERATION 198. CON WAS PERF	dying e.g., Ihe disease, deoth.)  S Ha NY, GIVING ATING THE  CONTRIBUTING ATED TO THE IT.  DITION FOR WHICH OPERATION FORMED  21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  Garage  STEP 20 21E. INJURY OCCURRED	nging    20A, AUTOPSY? (Yes or No)     Yes   in or obout 21c, WHERE DID (loffice bidg, INJURY OCCUR?     Rear of 3     21F. HOW DID INJU	f in Boltimore City, give of	NGS CONSIDERED OF DEATH? exoct locotion)	
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EDICAL CERTIFI	(This does heart foilure injury or co DISEASES RISE TO THE UNDERLY!!  OTHER SIG TO THE DISEASE OF TO THE DISEASE OUTHOUSE OF THE DISEASE OF T	LEADING TO DEATH not meon the mode of osthenio, etc. It meons mplication which coused of ANTECENDENT CAUSE OR CONDITIONS, IF A IE ABOVE CAUSE (AI ST NG CONDITION LAST.  II NIFICANT CONDITIONS DEATH BUT NOT REL R CONDITION CAUSING F OPERATION WAS PERF L CAUSE WAS LOCK CONTRIB- ISE OF DEATH.  (Month) (Doy) (Year)	dying e.g., Ihe diseose. deoth.)  S	nging    20A. AUTOPSY? (Yes or No)   Yes	N CERTIFYING CAUSES Yes f in Boltimore City, give of 900 Fernhill RY OCCUR?	NGS CONSIDERED OF DEATH? exoct locotion) Avenue r in garage	



out the form much ask of Administration DE VALUE DESCRIPTION DE L'ESTRE L'ANDIENTE MAIN



13-143

	H NO.		MEDI	CAL EX	XAMINER'S C	ERTIFICATE OF	DEATH Register	red No	0414
_	CASE NO.	FASED				DATE AL	ID HOUR PRONOUNCE	ED DEAD	<del></del>
(Тур	e or Print)	EASED				Z. DATE AN		D DEAD	
3. PI	ACE IN BALT	IMORE MARY	LAND, WI	AHY L	BOBLITZ	4. USUAL RESIDENCE (Where	8/9/65 deceosed lived. If insti	tution: reside	cace before odmission
						A. STATE Maryland	B. COU	NTY	
109	L NAME OF	ADDRESS	OR LOCA	L OR INSTIT	UTION, GIVE STREET	C. CITY OR TOWN (II outside	de corporate limits, write	RURAL ond	give township)
121	ITUTION					Baltimor		1-0	12
						D. STREET ADDRESS (If rurol	, give location)	1	
	Но	pkins H	enita	1		1728 W	BALTIMO	RE S	$T_1$
. SE	X	6. RACE		/ MARRIED,	NEVER MARRIED DIVORCED(specify)	B. DATE OF BIRTH	9. AGE (In years lost, birthday)		Yr. If Under 24 H
f	emale	white	2	- P	A C Am F D	MAR, 22, 1929	(36) 36		
)A.	during most of v	PATION (Give	kind of work	10B, KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN WHAT	OF COUNTRY?
	50RT	ER		PHILC	OBAG CO,	BALTIMORE		U	, S, A,
. F	ATHER'S NAM		DARI			14. MOTHER'S MAIDEN NAM		-0	
		ANK				ROSE	BECKE		
		O EVER IN U.			16. SO CIAL SECURITY NO.	17. INFORMANT	- 6	ADDRESS	0
	NO	•		-	213-26-1472	etrances J. Dach	5 BLADE	N KD, E	SALTO, 21,1
	8.	10		PRINT	CAUSE	OF DEATH			NTERVAL BETWEEN
	DISEAS	E OR COND	ITION DIR	ECTLY					אוויים בוויים
		LEADING T	O DEATH		Septice	emia associated w	with endomet	ritis	
	heart forlure,	ot meon the	It meons	the discose.	DUE TO	ollowing deliver	r of a macer	ated f	etne
	injury or cor	nplication whic	n cousea a	eam./	*	rrowring acriver.	y or a macor	2004	0000
	A	NTECENDEN	T CAUSES	Š				200	
	DISEASES	OR CONDITIO	ONS, IF AN	Y, GIVING	DUE TO				n wan do n n n n n n n n o o o o o o n n
		E ABOVE CAU IG CONDITIO		A IIN G THE					
o-					(C)				
CATION	OTHER SIGN	II NIFICANT CON	NDITIONS (	CONTRIBUTI	NG				
뢰	TO THE	DEATH BUT	NOT REL	ATED TO 1	THE				
ERTIFI	9A, DATE OF		19B. CONE	DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208, IF YES, WERE FIN	IDINGS COL	NSIDERED
Ö	3		WAS PERF	ORMED		yes	IN CERTIFYING CAUS	ES OF DEAT	TH?
		OR CONTRIB		21 B.	PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE DID		e exoct loca	otion)
E	UTING CAU	SE OF DEATH		etc.)	e, Iam, Iactory, street, c	office bldg., INJURY OCCUR?			
Σ	21D TIME	(Month) (D	ay) (Year)	(Hour) 2	21E INJURY OCCURRED	21 F, HOW DID INJ	URY OCCUR?		
	APPROX.)				WHILE AT   NOT	WHILE			
1	22,			m. \	WORK L AT W	ORK			
		ify that I he	ld on In	quiry	Inspection Aut	opsy 🕱 ond that on th	Is bosis, death in m	y opinion	
	resul	ted from: No	iturol cou	ses X	Accident Sulcid	e Hamlcide	Undetermined manne	r 🗌	
					11	CHIEF MEDICAL EX	XAMINER _		
	SIGNATI			NG	7 / 10	ASSISTANT MEDICAL EX			DATE SIGNED
	EXAMIN	-	III-	t	W.D.	ASSOCIATE MEDICAL E		8/10	/65
	NAME (		ner U.	Spitz	M.D.		XX		
	BURIAL CREA	MATION, 238	DATE	23	M.D.	CREMATORY 23 D. L	OCATION (City,	town, or cou	unty) (Stote)
	OVAL (Specify		-12.	-65	BALTIMORE A	ATIONAL CEM. 550	OI FREDERIC	16 AVE	BALTO, M
4A.	DATE REC'D	BY HEALTH C	EPT.	24B. NAME	OF REGISTRAR	24C. FUNERAL DIRECTOR		AD	DDECC
	AUG 1	6 1965	00	B- C :	FarleyMA	00000	11/ 9015		KLING ST
	Nou 1	0 1300	Vlobe	40 61	demondia and	Charles	SPILLY BALT	0.,21	224,40
15	151-REV. 1/1/6	55		7	1	70001			

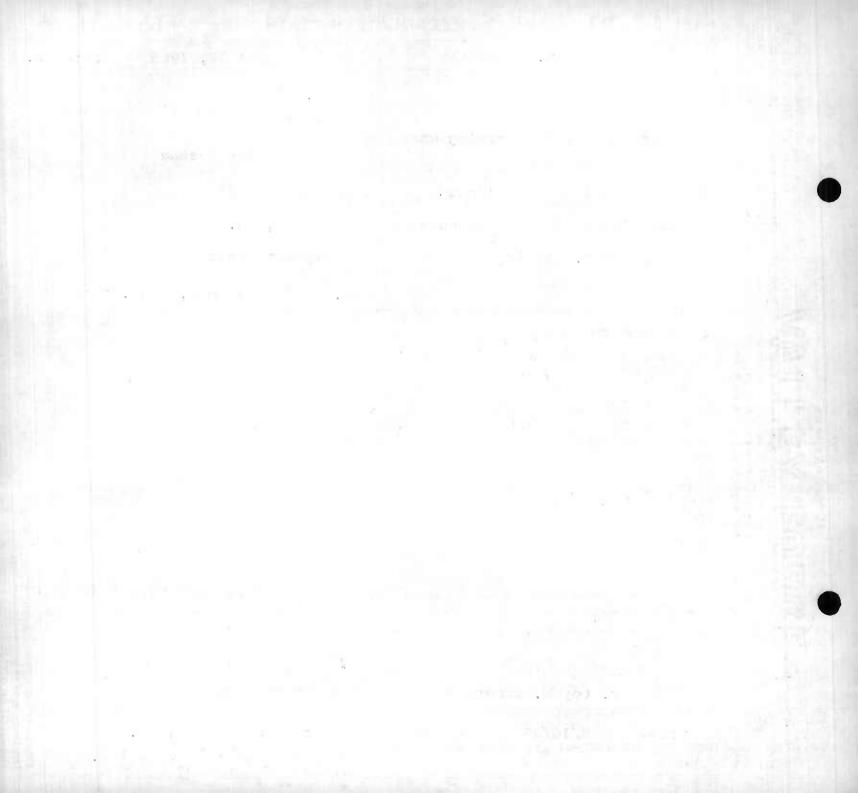
8/17/65- Carrarean Section 8/7/65-Information regalone from Dr. Tarne Stroff of HH

IMPORTAN

DIRECTOR:

FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT



Stoff Phy s.

24D. LOCATION

25C. FUNERAL DIRECTOR
Schimunek Funeral Home, Inc.

Brehms Dane

1400 N. Caroline St., Baltimore, Maryland

Baltimore.

August 13, 1965

ADDRESS

(City, town, or county)

of death Deceased and

cause; (5)

attend

cause

hospital

Such

death.

prior

BIRTH NO.

(Type or Print)

M.E. CASE NO.

HOSPITAL OR

6. RACE

Homemaker

White

Picka

INSTITUTION

5. SEX

Fema.le

13. FATHER'S NAME

Unknown

23C. PHYSICIANS NAME (Type)

VS 150-REV. 1/1/65

24A. BURIAL CREMATION, 24B. DATE

25A. DATE REC'D BY HEALTH DEPT.

Alphonso Y. S. Rhee

8/16/65

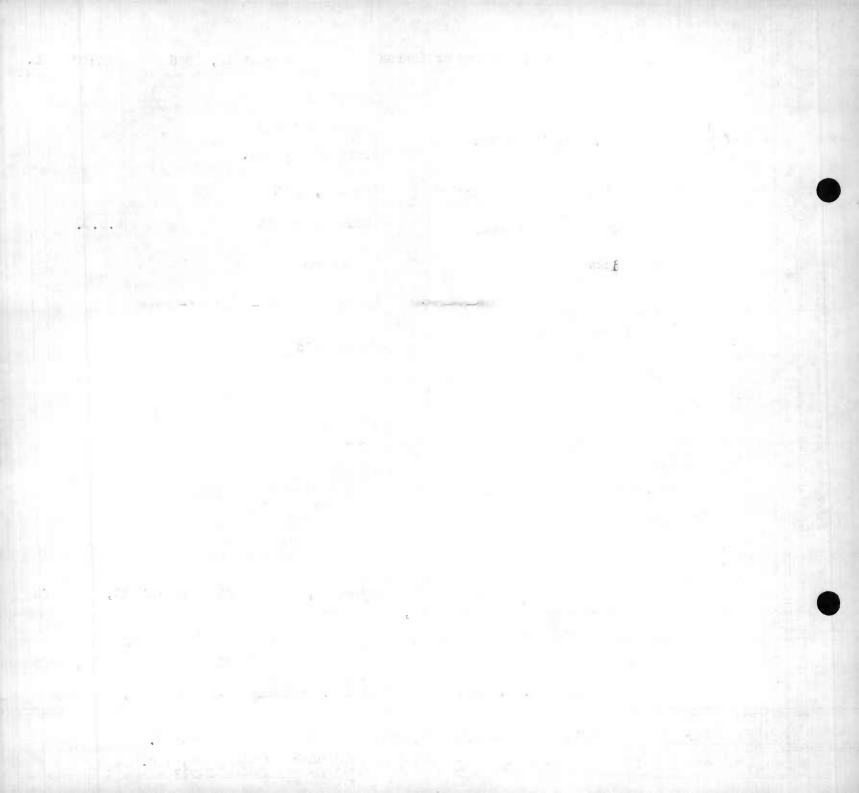
es, no or unknown) (If yes, give			17. INFORMANT		ADDKE22
		J. J	Harry Jackson -	· husband-abov	e
DISEASE OR CON LEADING 1 (This does not meen the	O DEATH	(A) Car	OF DEATH		INTERVAL BETWEEN ONSET AND DEAT
heart failure, asthenia, et injury or complication wh	c, il meons the diseos				
ANTECEDEN	T CAUSES	(B)	**************************************	***************************************	
DISEASES OR CONDITIONS TISE to the obove of UNDERLYING CONDITIONS	ouse (A) sloting t				***************************************
OTHER SIGNIFICANT CON TO THE DEATH BUT DISEASE OR CONDITION	NOT RELATED TO				
19A. DATE OF OPERATION	198. CONDITION FO	R WHICH OPERATION	20A. AUTOPSY? (Yes or No.	20B. IF YES, WERE FIND IN CERTIFYING CAUSES	INGS CONSIDERED OF DEATH?
OR CONTRIBUTING CA	21A. ACCIDENT WAS UNDERLYING   21B. PLA home, for CONTRIBUTING   CAUSE OF DEATH (notify medical examiner)   21D. TIME (Month) (Doy) (Year) (Hour)   21E. INJ White A Work		, in or about 21C, WHERE DID office bldg., INJURY OCCUR?	(If in Baltimore Cit	y, give exact lacofion)
OF INJURY			21 F. HOW DID INJU	URY OCCUR?	
			August 11,		
that (I) (we) lost sow th	ne deceased alive o	August 13,	19 <u>65</u> ond the	at in (my) (our) opinian	death occurred an th
and hour and from the c	ouses stated above.	(I) (We) (did) (did nat)	view the body after death.		
23A. SIGNATURE	-1			1938	DATE SIGNED

Attending

24C. NAME of CEMETERY OF CREMATORY

Bohemian National Cemetery
| 25B. NAME OF REGISTRAR | 25C. FUNERAL

23D. ADDRESS



IMPORTAN

FUNERAL DIRECTOR:

Birth Cert. A-34871 - 1879 and letter from Doctor for Item 22 M.H. 9-9-65

VS 150-REV. 1/1/65

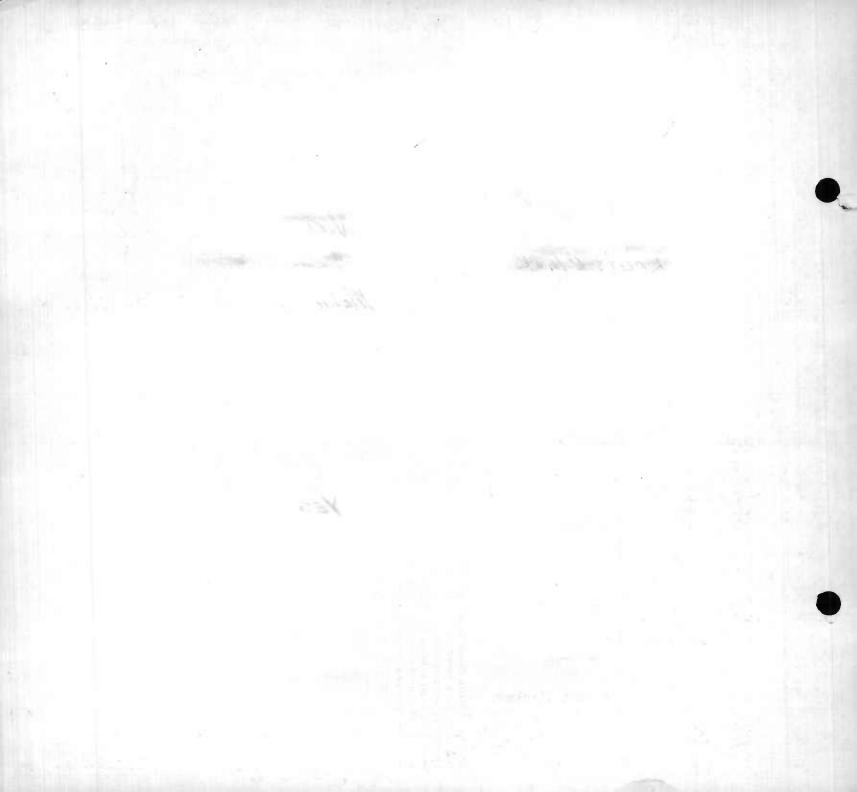
Les Colons Colons de la Colons

vs 153 by funeral director & Baptismal certificate of registrant.

IMPORTANT

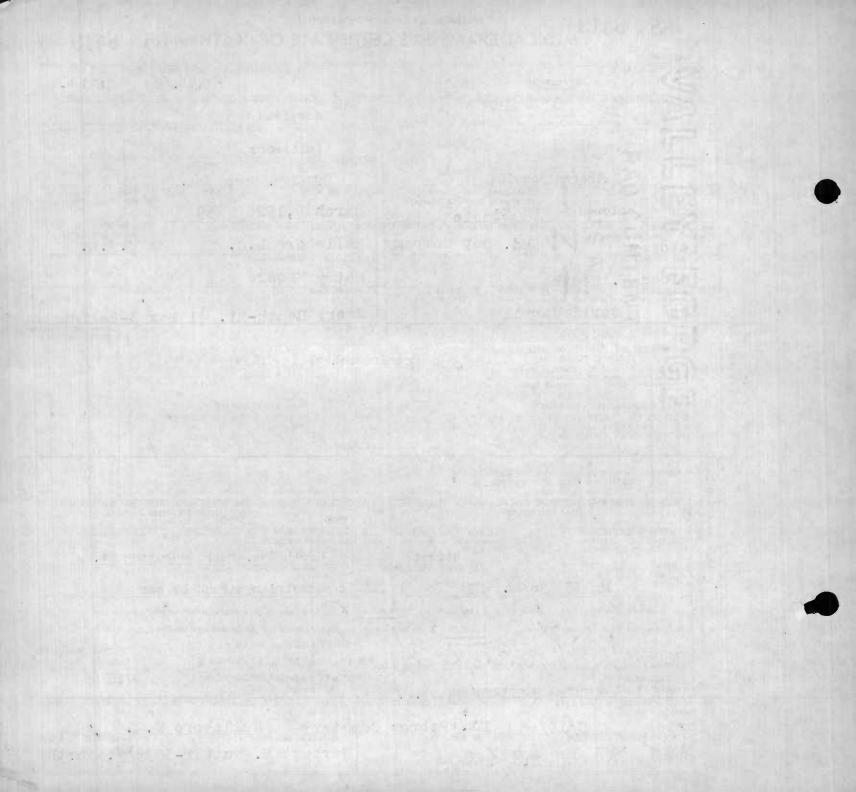
FUNERAL DIRECTOR:

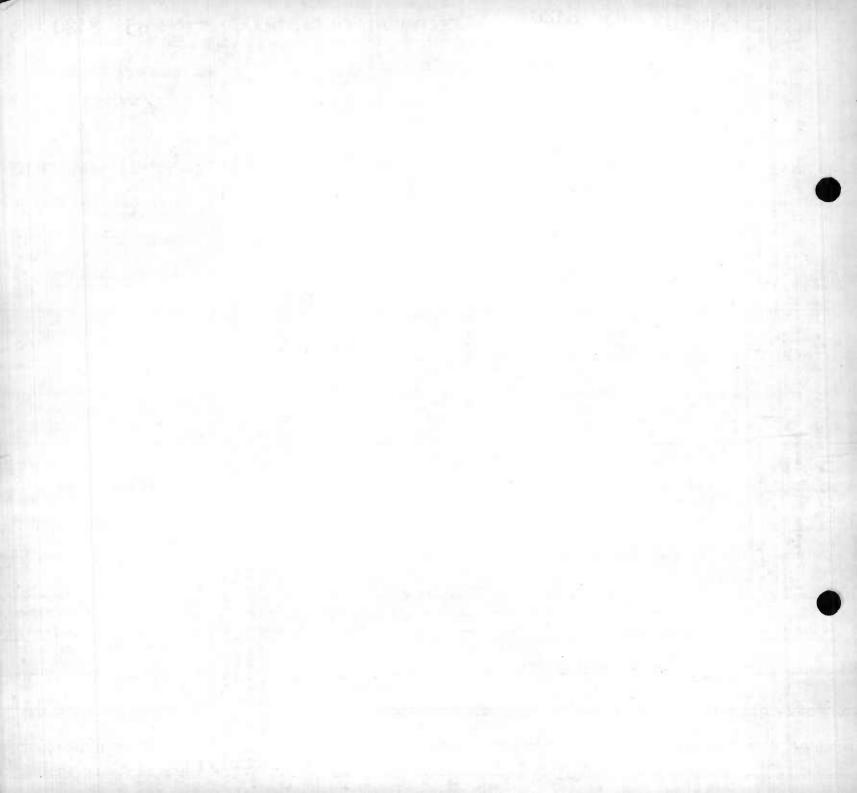
BALTIMORE CITY HEALTH DEPARTMENT



4-300

	CO HT	MED	ICAL EX	CAMINER'S C	ERTIFICATE C	OF DEATH Regis	sejed No. 8419
_	E CASE NO.						
	Pe or Print)	HERB	ERT	HEATH	2. DA1	8.14.	
FU	LL NAME OF	TIMORE, MARYLAND, V		JTION, GIVE STREET	A. STATE Maryla	nd B. C	nstitution: residence before admission) OUNTY  rite RURAL and give township)
IN:	SPITAL OR	ADDRESS OR LOC	AHON		Baltim D. STREET ADDRESS ()	nore	5-06
40		Lutheran	Hospital		2757 W	. North Ave.	
5. 5		6. RACE	7. MARRIED, WIDOWED,	NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In year lost birthday)	rs If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.
	male	colored	Sin	gle	March 9,1	926 39	
don	Labore	working life, even if retired)		up Company	Hallsboro	N.C.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13.	FATHER'S NA	ME			14. MOTHER'S MAIDEN	NAME	
	Johr	K. Heath			Matry Mo	ore	
	WAS DECEAS	ED EVER IN U.S. ARME		16. SO CIAL SECURITY NO.	17. INFORMANT		ADDRESS
lie:	Yes	World Wa		SECORITI NO.	Time TI -	L1. TO 1 //9	
_	1B. = ^	WOITA WE	PT TT	0.4116	Emery Hea	th-Rt. #1 F	Box 3-Hallshoro Interval Between
	(This does heart failure injury or co	ANTECENDENT CAUSE OR CONDITION E LEADING TO DEAT not meen the mode of the course of th	H f dying, e.g., s the discose, deoth.)  ES ANY, GIVING STATING THE		ocerebral inj	uries	ONSET AND DEATH
NO				(C)			
ERTIFICATION	TO THE	II  SNIFICANT CONDITION:  DEATH BUT NOT R  OR CONDITION CAUSIN	LATED TO T				
O	19A. DATE O	F OPERATION 198, CO	NDITION FOR	WHICH OPERATION	yes	10 208. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
EDICAL	UNDERLYING	AL CAUSE WAS MOR CONTRIB- USE OF DEATH.	21 B. home etc.)	PLACE OF INJURY (e.g., form, foctory, street, street,	in or obout 21C. WHERE INJURY OCCU	DID (If in Boltimore City, JR?  Ave. near Ash	1 - 11
Σ	21D TIME OF INJURY (APPROX.)	(Month) (Doy) (Ye		TE. INJURY OCCURRED	21F. HOW DIE	INJURY OCCUR?	
	22.		3:00a.m.		WHILE X pedestr	ian struck by	car
				Accident X Suicid	le Homicide	on this bosis, death in  Undetermined mod  L EXAMINER	
	EXAMI NAME	NER'S	BRETTEN	7	ASSOCIATE MEDICA		8/14/65
	MOVAL (Speci	EMATION, 23B. DATE		C. NAME OF CEMETERY	OF CREMATORY	23D. LOCATION (C	ity, town, or county) (State)
1 .	Burial	9/10	165 T	It Hehron	Cemeterv	Hallahana	M C
	DULT LAL	BY HEALTH DEPT.	24B, NAME	Mt. Hebron OF REGISTRAR	24C. FUNERAL DIRI	Hallsboro	ADDRESS AVE
	AUG 1		\$ 8. F				3035 W. North
VS	151-REV. 1/1	165 1/01	7/30		070	-77	





## BALTIMORE CITY HEALTH DEPARTMENT BIRTH NO. 65 842 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 5 8421

M.	E. CASE NO.							
1. (Ty	NAME OF DECEASED				2. DATE AN	D HOUR PRONOUNC		30.05
	HAYW		KNOTTS			8/	7/65	12:05 p. M.
3.	PLACE IN BALTIMORE, MARYLAND, W	HERE PRONOUNC	ED DEAD	A. STATE	DENCE (Where	deceased lived. If ins B. CO	litution: resid	dence before odmission)
FU	LL NAME OF (IF NOT IN HOSPIT	AL OR INSTITUTIO	N. GIVE STREET	1	Maryland			
HC	SPITAL OR ADDRESS OR LOCA	(TION)	.,	C. CITY OR TO	OWN (If autside	e corporate limits, writ	e RURAL or	nd give township)
11	,				Baltimor	•	1	
1/					DRESS (If rurol,			
	St. Joseph F	lospital			ו ביו או ו	Washington	C+	
5.	SEX 6. RACE	7. MARRIED, NE		B. DATE OF BIR	TA	9. AGE In years	If Under	1 Yr. If Under 24 Hrs.
n	male colored	WIDOWED, DIVO		16 01	1010	lost birthday?	Months	Days Hours Min.
104	A. USUAL OCCUPATION (Give kind of world	kilos, KIND OF BU		RYIII. BIRTHPLACI	(Sigle or foreign	n country)	12. CITIZE	FN OF
	ne during most of working life, even if retired)			1.1 1	1	2/0	WHA	T COUNTRY?
12	Latorer	Stee	1 Co.	Wade	MAIDEN NAMI	NICI	1	12:14
13.	D I II			O/	MAIDEN NAMI	11.7.		
	Taul MNOTE	5	San Francisco	Phen	118 W	11/12/105		
	WAS DECEASED EVER IN U.S. ARMED s, no or unknown), (If yes, give wor or dote		SOCIAL SECURITY NO.	17. INFORMAN			ADDRESS	
	NA	2	18-09-722	Man	ie Ma	CKNOTES	MACE	/ Marse and
	1B. 4 - 0 / /	12	CAUS	E OF DEATH	-/6/148	CIINGEES	1/201	INTERVAL PETWEEN
	08/11		crios	L OF BEATH	1		1	ONSET AND DEATH
	DISEASE OR CONDITION DI LEADING TO DEATH	RECTLY	Acute	ethylism				
	(This does not mean the made of	dvina e.a.	DUE TO	e ony Trom				
	heart foilure, osthenia, etc. It means injury or complication which coused						- 33	
	DISEASES OR CONDITIONS, IF A		(B)					
	RISE TO THE ABOVE CAUSE (A) S	TATING THE	DUE 10				1000	
7	UNDERLYING CONDITION LAST.		(C)					
Q	ll l		117					
X	OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING						
E E	TO THE DEATH BUT NOT RE		1	Fatty live	er			
CERTIFICATION	19A. DATE OF OPERATION 19B. CON	DITION FOR WHI	CH OPERATION	20A, AUTOP	Y? (Yes or No)	20B. IF YES, WERE FI	INDINGS C	ONSIDERED
Ö	WAS PER	FORMED				IN CERTIFYING CAU	SES OF DE	ATH?
AL	21 A. EXTERNAL CAUSE WAS	21 B. PLA	CE OF INJURY (e.g.,	in or about 21C.		(If in Baltimore City, g		
EDICA	UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	home, fo	rm, factory, street,	office bldg., INJU	RY OCCUR?	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	A SALES CONTRACTOR	
ME								
-	21 D TIME (Month) (Day) (Yeo OF INJURY	r) (Haur) 21 E.	INJURY OCCURRED	21 F. I	HOM DID INTO	RY OCCUR?		
	(APPROX.)	m. WHIL	E AT NOT	WHILE				
	22.				- 1 41 4			
						s basis, death in i	my opinion	1
	resulted fram: Natural ca	uses X Acci	dent Suicle	de Hami	cide l	Indetermined mann	er	
	1.00		1	CHIEF	MEDICAL EX	AMINER		DATE SIGNED
	SIGNATURE SIGNATURE	· W.4	1.M	ASSISTANT	MEDICAL EX	AMINER	0.10	
	EXAMINER'S		1/1	ASSOCIATE	MEDICAL EX	CAMINER	8/8/	65
	NAME (Type) Werner I	J. Spitz.	M.D.					
23/	A. BURIAL CREMATION, 238, DATE		AME of CEMETERY	or CREMATORY	23 D. L	OCATION (City	, town, ar c	county) (State)
KEI	MOVAL (Specify)	1 - 3.1	111.		1 3.1	-1-1		10
134	A DATE REC'D BY HEALTH DEPT	24R NAME OF	REGISTRAR S CO	124C. FUNI	RAL DIPECTOR	doesbore	3, /Y	DDRESS
1	VIIC TO TOCE A	3			n n	C- 1010		
1	NUG 1 6 1965 Res	& Far Porch	4.1	Marie	to pale V	Collect 14	12.8.6	restou St.
VS	151-REV. 1/1/65		5 0	Tayou	1	)	Mark Market Land	

## BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 1. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD ( NEE BEALE BESSIE WATSON KELLER August 12, 1965 2:30 P 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE
B. COUNTY Maryland (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) HOSPITAL OR Baltimore 343 Presstman Street D. STREET ADDRESS (If rurol, give location) 343 Presstman Street B. DATE OF BIRTH 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 9. AGE (In years lost birthday) If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min. WIDOWED, DIVORCED (specify) 12-22-1904 Female. 60 Negro 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Baltimore, Maryland Domestic U. S. A. 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME Watson Beale Lilliam Holland 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SO CIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. No 220-30-1070 Mary Dunlap - 2213 Madison Ave. INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Arteriosclerotic Cardiovascular Disease. (This does not meen the mode of dying, e.g., heart failute, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. O 11 CAT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH?  $\overline{0}$ No ¥ 21A. EXTERNAL CAUSE WAS

UNDERLYING □ OR CONTRIB
UTING □ CAUSE OF DEATH. 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) home, form, factory, sheet, office bldg., INJURY OCCUR? 21D TIME 21 E. INJURY OCCURRED (Doy) 21F. HOW DID INJURY OCCUR? OF INJURY (APPROX.) m. WHILE AT NOT WHILE 22





DATE SIGNED

(Stote)

8/12/65

Charles S. Petty, M& 23C. NAME of CEMETERY of CREMATORY

Accident

Inspection X

Mt. Auburn

Autopsy

Suicide

Baltimore, Maryland

(City, town, or county)

and that an this basis, death in my apinion

Undetermined manner

24A. DATE REC'D BY HEALTH DEPT. 24B, NAME OF REGISTRAR

8-16-65

23B. DATE

I certify that I held on Inquiry

resulted fram: Natural causes X

24C. FUNERAL DIRECTOR 802 Madison Ave. Charles R. Law

23D. LOCATION

VS 151-REV, 1/1/65

REMOVAL (Specify)

Burial

ACTUAL

SIGNATURE

**EXAMINER'S** 

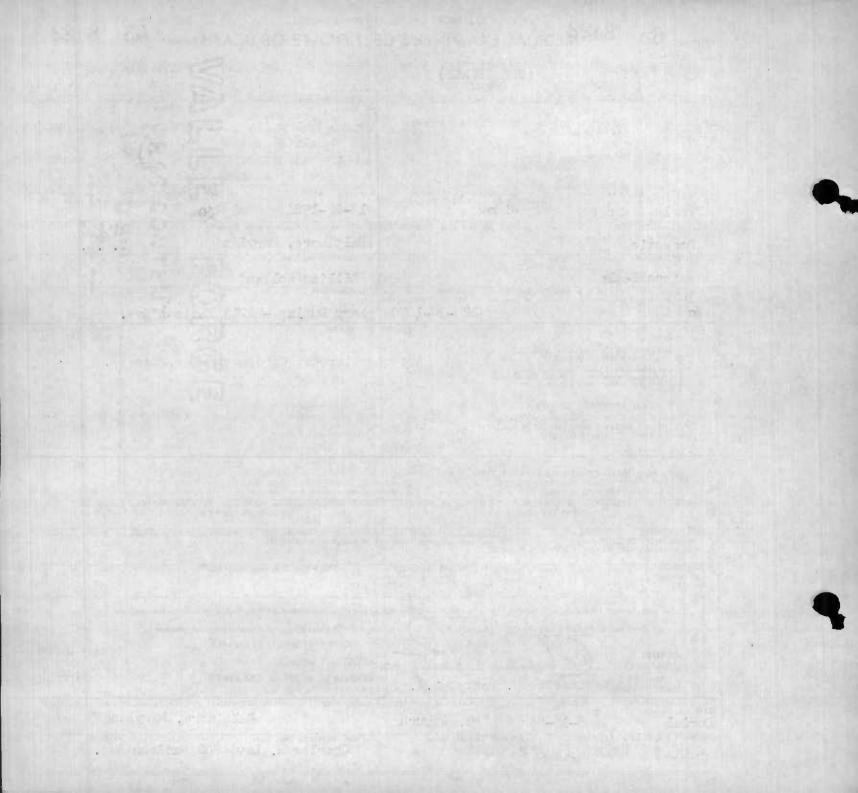
NAME (Type) 23A. BURIAL CREMATION.

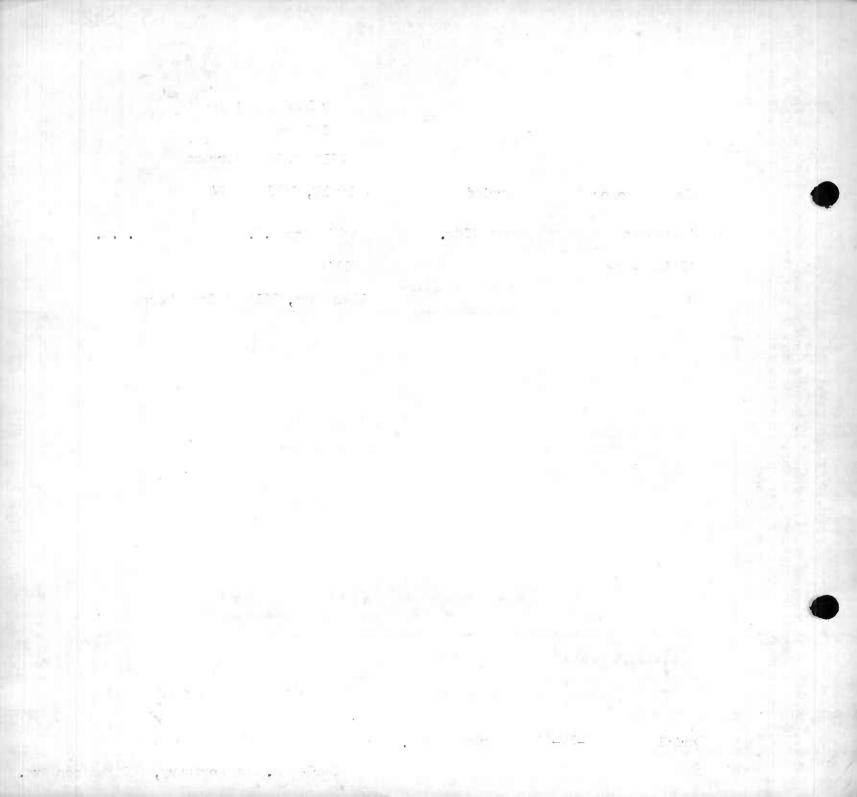
Hamicide

\_M.D. ASSISTANT MEDICAL EXAMINER X

ASSOCIATE MEDICAL EXAMINER

CHIEF MEDICAL EXAMINER





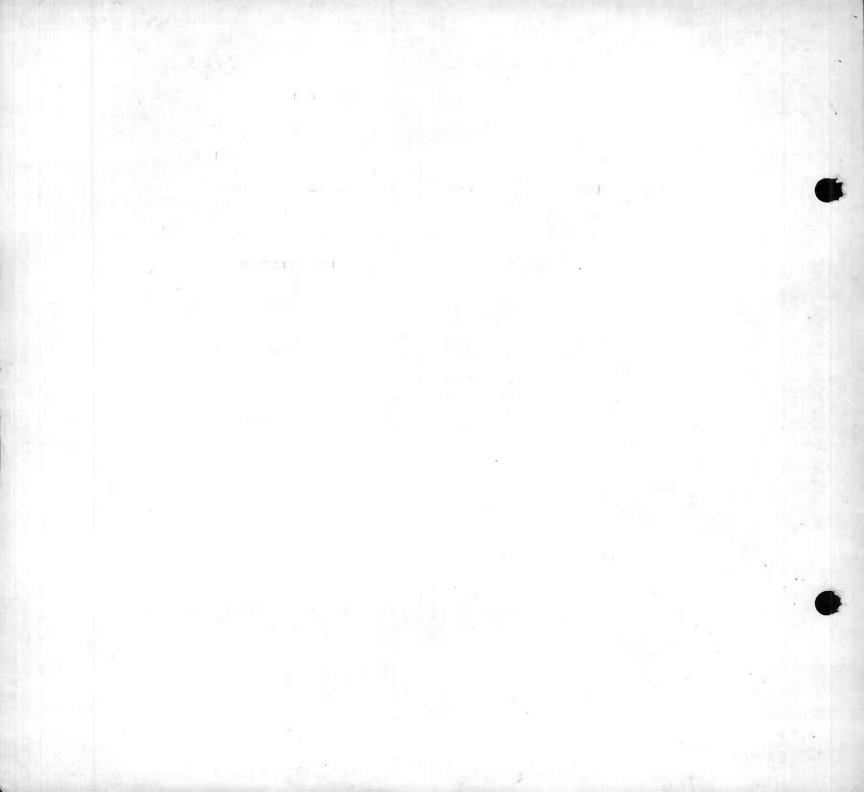
VS 151-REV. 1/1/65

65 8424

65 8424

BIRTH NO.	MED	ICAL EX	CAMINER'S C	ERTIFICATE	OF DEATH Registe	ered No.
M.E. CASE NO.						
1. NAME OF DECE.		EDWARD	POLLARD	2. D	August 11, 1965	11:10 P
3. PLACE IN BALTIA	ORE MARYLAND, W	HERE PRONOL	JNCED DEAD	4. USUAL RESIDENCE	E (Where deceased lived, If inst	itution: residence before odmissio
FULL NAME OF	UE NOT IN HOSPITA	AL OR INSTITU	JTION, GIVE STREET	Maryla	and	
HOSPITAL OR	ADDRESS OR LOCA	ATION)	SHOR, OFFE STREET		(If outside corporate limits, write	RURAL ond give township)
1				Baltin	1 18	
Bon Se	ecour Hospit	tal			(If rurol, give locotion)  N. Fayette Stree	t
5. SEX 6.	RACE		NEVER MARRIED DIVORCED(specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs Months, Doys, Hours, Min.
Male	Negro	200.0	gle	Aug. 14. 1	1941 23	
	ATION (Give kind of warl rking life, even if retired)		BUSINESS OR INDUSTRY	11. BIRTHPLACE (State		12. CITIZEN OF WHAT_COUNTRY?
Labore		Const	ruction	Chesterfie	eld Co., Va.	WHAT COUNTRY?
13. FATHER'S NAME		- 12-3	TO HITCH SO	14. MOTHER'S MAIDE		
Robert 1				Marie Joh	nson	
	EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORMANT		ADDRESS
No				Marie J.	Pollard - 123 E	20th, Richmond, V
1B	82 X1	IN	CAUSE	OF DEATH	C ARST	INTERVAL BETWEEN
DISEASE	OR CONDITION DI	RECTLY				ONSET AND DEATH
	EADING TO DEATH		(A)	Wound of Che	est.	
neon tollure, o	meon the mode of sthenio, etc. It meons	ine diseose,	DUE TO			
mjery er cerrip	area winer course	0001111				POST CONTRACTOR
	TECENDENT CAUSE		(B)			
RISE TO THE	R CONDITIONS, IF A ABOVE CAUSE (A) S	TATING THE	DUE TO			
	CONDITION LAST.		(C)			
Ó	- 11		1 0100000000000000000000000000000000000			
OTHER SIGNII	FICANT CONDITIONS	CONTRIBUTIE	NG			
DISEASE OR	EATH BUT NOT REI	LATED TO T	HE		***************************************	
OTHER SIGNII TO THE DI DISEASE OR OTHER 19A. DATE OF CO		IDITION FOR	WHICH OPERATION	20A. AUTOPSY? (Ye	S OF NO. 20 B. IF YES, WERE FI	
21 AL EXTERNAL		218,	PLACE OF INJURY (e.g.,	in or obout 21C, WHER	E DID (If in Boltimore City, gi	ve exoct location)
UTING CAUSE		etc.)	House		W. Pratt Street	
2	Month) (Doy) (Yeo	r) (Hour) 2	TE. INJURY OCCURRED		DID INJURY OCCUR?	
OF INJURY	8 11 '65	5 P V			bed in chest.	
22.	y that I held on I	nguiry	Inspection Au	topsy X and the	at an this basis, death in r	ny opinian
	d fram: Natural co		Accident Suicid			
1630116	a train. Harorar co	0363	Solcia		CAL EXAMINER	G: []
ACTUAL	0/	( )	1-			DATE SIGNED
SIGNATUI	( 0 -	ules)	Celly M.D	ASSISTANT MEDI		8/12/65
EXAMINE NAME (Ty	. 01 '	les S. I	Petty M.D.	ASSOCIATE MEDI	CAL EXAMINER	
23A, BURIAL CREM.			C. NAME OF CEMETERY	OF CREMATORY	23 D. LOCATION (City	, town, or county) (State)
REMOVAL (Specify) Burial	8-16-6		Chesterfield		Chesterfield	Co., Virginia
24A. DATE REC'D B	1 6 1965 R	De De	OF REGISTRAN	Mimms F.	H Richmond,	Va.

1164	BALLIMOKE CITY HEALTH DEPARTMENT	
W.L.	BIRTH NO. 65 8425 CERTIFICATE OF DEATH Registered No. 8425	-
and and the the	M.E. CASE NO.  1. NAME OF DECEASED  2. DATE-AND HOUR/OF DEATH	_
- De u	(Type or Print) LINDA C.ALLIS 8/13/65 6 P.	8.6
K 5 7 % 0 4	3. PLACE OF DEATH IN BALTIMORE, MARY AND 4. USUAL RESIDENCE (Wifere deceased lived, If institution; residence before admission	n)
ig o o o to	A. STATE B. COUNTY	
hosi nse ; (5) danc	FULL NAME OF (If not in hospital or institution, give street hospital or oddress or location)  VIRGINIA  C. CITY OR TOWN (If outside city limits, write RURAL and give township)	_
to de co	INSTITUTION	
CE DELL	JOHNS HOPKINS HOSP  NEWPORT NEWS  D. STREET ADDRESS (If TUTO), give location)	
S do ii o o ii	1251 GARDEN DRIVE	
على عود عود		
m egu iritin	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH (Index 1 Yr. If Under 24 Hours Min. Months Doys Hours Min. Months Doys Hours Min. Months Doys Hours Min.	
on on one sis	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF	-
Serie +	done during most of working life, even if retired)  WHAT COUNTRY?	
N P P P P P P P P P P P P P P P P P P P	HOUSEWIFE NEW TORT NEWS, VA. U.S.M.	_
4 to 0 8 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	13. FATHER'S NAME	
5 + is	ANDERSON K. FARBER EDITH HILTON	
AN A	15. Was Deceased Ever in U. S. Armed Forces?  (Yes, no or unknown) (If yes, give wor or dotes of service)  (SOCIAL SECURITY NO. 17. INFORMANT 12.51 Jan don 1	121
KIT Kir kir de de fino	(Yes, no or unknown) (If yes, give wor or doles of service) es Put. GARY CALLS Newport News	Va
C S + S P L	TIB. CAUSE OF DEATH	67
die si	DISEASE OR CONDITION DIRECTLY	
A Last	LEADING TO DEATH & TETRALOGY OF FALLOT 19 YRS	
0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 -	(This does not meon the mode of dying, Qe.g., heort foilure, osthenio, etc. It meons the disease,	
OR: niner. ractu	injuly of complication which coused death	
P G E E E E E E E E E E E E E E E E E E	ANTECEDENT CAUSES DUE TO	
1) D DEA 4555	DISEASES OR CONDITIONS, if ony, Siving	
R S G S S G S G S G S G S G S G S G S G	uise to the obove couse (A) sloting the (C)	
DI D		-
Die Fisse	O THE SIGNIFICANT CONDITIONS CONTRIBUTING	
ZA men bug bug bug re	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
FUNER re chief re chi		
O T & Set No	EP8/13/65 CARDIAC MASSAGE YES NO	
5 - 5 - 5 - 6 - 6 - 6 - 6 - 6 - 6 - 6 -	OR CONTRIBUTING CAUSE OF home low factory street office hida, INJURY OCCUR?	
P P P P P P P P P P P P P P P P P P P	DEATH (notify medical examiner)	
d × c p	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  While At Not While	
in (%	While At Work At Work	
XC T XC	22. 1 certify the (1) this hospital) attended the deceased from 8/1/ 1965 to 8/13 1965	-
dd + + 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		/
of o	tho (1) we) lost sow the deceosed clive on 8113	710
sed to	and hour and from the causes stated above. (1) (Was (did) (did not) view the body after death.	_
eased ident hospit nust		
= 4:- F 0	Phys. Director Director Phys. Director	
0 0 0	23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS	
certificate m body was rel vs: (1) An acc D.O.A. at a based prior to	J. R. SPENCER M.D. JOHNS HOPKINS HOSP	
P C C P C P C P C P C P C P C P C P C P	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)	
cerri body /s: ( D.O ase	BURIAL 8/16/65 PENINGULA Mem. PARK NEWBLAT NEWS V	7.
	25A. DATE REC'D BY HEALTH DEPT   25B. NAME OF REGISTRAR   25C. FUNERAL DIRECTOR   ADDRESS	
This the show was deco	AUG 16 1965 P. O. B. D. A. Burns a Dryn. V. Ticknes, & Sono Plotte & PAH	400
	VS 150-REV, 1/1/65	

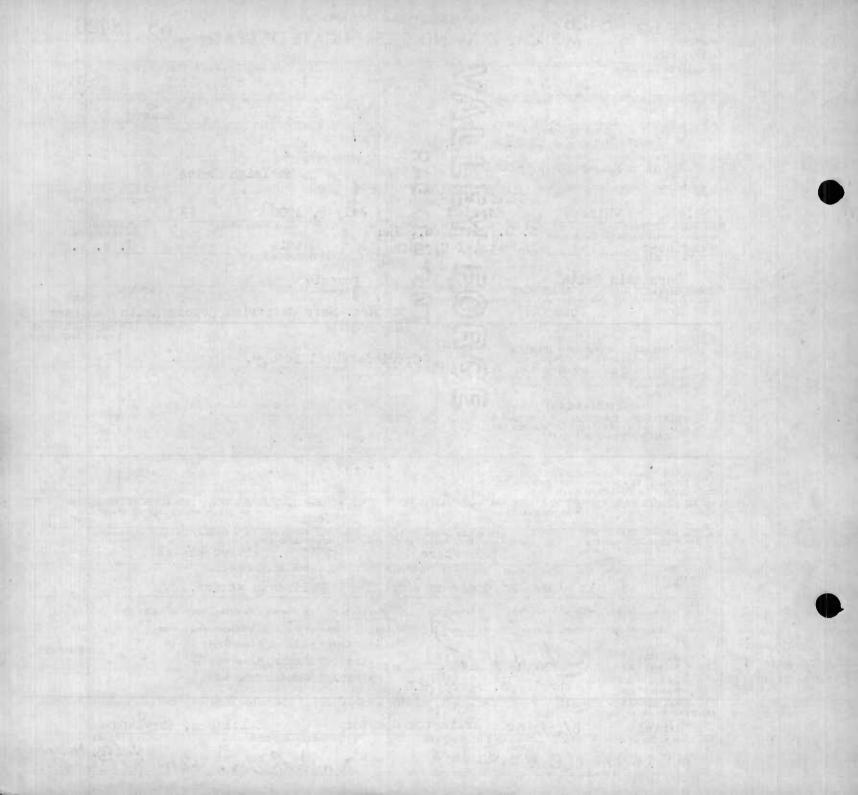


65 8426

BALTIMORE CITY HEALTH DEPARTMENT

APPLICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 8426

BIRTI	H NO.	MED	ICAL EX	AMIINER 3 C	EKTIFICA	IE OF I	JEA IT Registr	ered 140	
	CASE NO.					To a first			W. T.
	AME OF DECEA	SAMUEI	. G.	SMITH		Augu	st 13, 1965		10:35 A M.
FUL!	NAME OF PITAL OR ITUTION	ORE MARYLAND, W  (IF NOT IN HOSPIT ADDRESS OR LOCA  Memorial H	AL OR INSTITU		C. CITY OR TO	impsonv	He corporate limits, write	oward	dence before odmission) nd give township)
	alé	White	WIDOWED, D	NEVER MARRIED IVORCED(specify)	July 4,	1900)	9. AGE (In years lost birthday)	Months	1 Yr. If Under 24 Hrs. Doys Hours Min.
Pr	during most of work esident ATHER'S NAME	TION (Give kind of working life, even if retired)	Industr	ial Cleaning		ussia			EN OF T COUNTRY? S. A.
	AS DECEASED	vin Smith EVER IN U.S. ARMED yes, give wor or dote None		16. SOCIAL SECURITY NO.	Bessie 17. INFORMANT Mrs. Mary		ine Hooper	Address	same address
	(This does not heart failure, as	OR CONDITION DI ADING TO DEATH mean the mode of thenio, etc. It meons cofion which coused	dying e.g.,		ocerebral	auto skie	o .		INTERVAL BETWEEN ONSET AND DEATH
CERTIFICATION	DISEASES OR RISE TO THE A UNDERLYING	CONDITIONS, IF A ROVE CAUSE (A) S CONDITION LAST.	NY, GIVING TATING THE		·				
	9A. DATE OF O	PERATION CAUSING	IDITION FOR W	HICH OPERATION	20A. AUTOPS Yes		20B. IF YES, WERE FI		
MEDIC	OF INJURY	R CONTRIB- OF DEATH. Month) (Doy) (Yeo	r) (Hour) 21	LACE OF INJURY (e.g., form, foctory, street, Store  E. INJURY OCCURRED	252 21F. H	OW DID INJU	lvert Stree		ocotion)
	22. 1 certify	char	nquiry A	Inspection Au	tapsy x ar	ide UMEDICAL EX			DATE SIGNED 8/13/65
REM	BURIAL CREMA OVAL (Specify)  Burial  DATE REC'D BY	110N, 23B, DATE 8/16/	1965	Arlington Cer	metery	BE RAL DIRECTOR	altimore, Ma		
VS	AUG 16	N856	7 2, 4		Wm.	- Via	mentser	w hy	th. of a.



eased lived. If institution: residence before admission)

a

BIRTH NO.		t	)
AAE CASE	NO		

ATH Registered No.

h. /	M.E. CASE NO.	CERTIFICATE OF DE
W- 600	Type of Print) Elmer MEYER	2. DATE AND 4 8/15/
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where dec

OUR PRONOUNCED DEAD

B. COUNTY

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET FULL NAME OF HOSPITAL OR ADDRESS OR LOCATION)

Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rurol, give loco

Arteriosclerotic cardiovascular disease

Maryland Gen. Hosp. DOA 2318 Callow Avenue 9. AGE (In years 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH If Under 1 Yr, If Under 24 Hrs. WIDO WED, DIVORCED (specify) lost birthdoy Months Doys Hours , Min. Male White Married Jan. 19, 1906 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Sheet Metal Worker Illinois

13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME Philip Meyer

Emma Lawrenz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no orunknown),(If yes, give wor or dates of service)

17. INFORMANT 16. SOCIAL SECURITY NO.

2318 Callow Ave.

Yes World War II

325-03-1540 Mrs. Lillian M. Meyer Baltimore.

Md. INTERVAL BETWEEN

ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECENDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

DUE TO

11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE

DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A, AUTOPSY? (Yes or No.) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? No

21 A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. MEDI

21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) hame, form, foctory, street, office bldg., NJURY OCCUR?

21 D TIME (Month) (Doy) OF INJURY (APPROX.)

NAME (Type)

21E. INJURY OCCURRED NOT WHILE

I certify that I held an Inquiry Inspection X Autopsy

ond that on this bosis, death In my opinion

resulted from: Natural causes X

EXAMINER'S R. Breitenecker

Accident Stricide Homicide Undetermined monner

ACTUAL SIGNATURE

(Yeor)

CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER X

DATE SIGNED 8/15/65

ASSOCIATE MEDICAL EXAMINER

21F. HOW DID INJURY OCCUR?

(City, town, or county)

(State)

23A, BURIAL CREMATION. 23B, DATE REMOVAL (Specify) Burial

ON

CATIC

CERTI

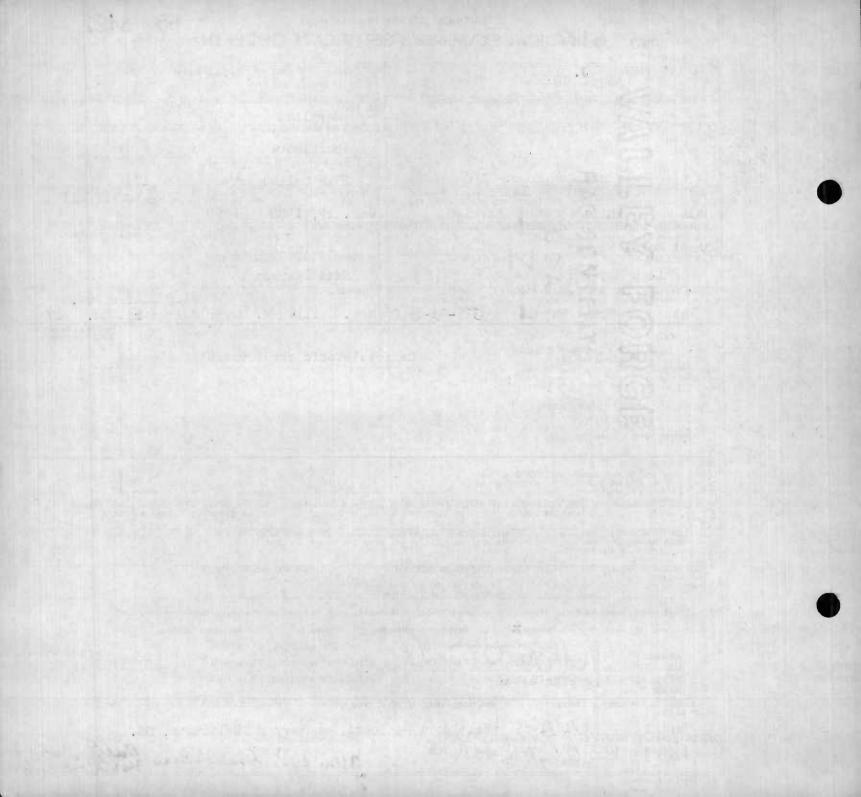
22.

23C. NAME OF CEMETERY OF CREMATORY

23D. LOCATION Baltimore National Cemetery
LOF REGISTRAR 24C. FUNERAL DIRECTOR

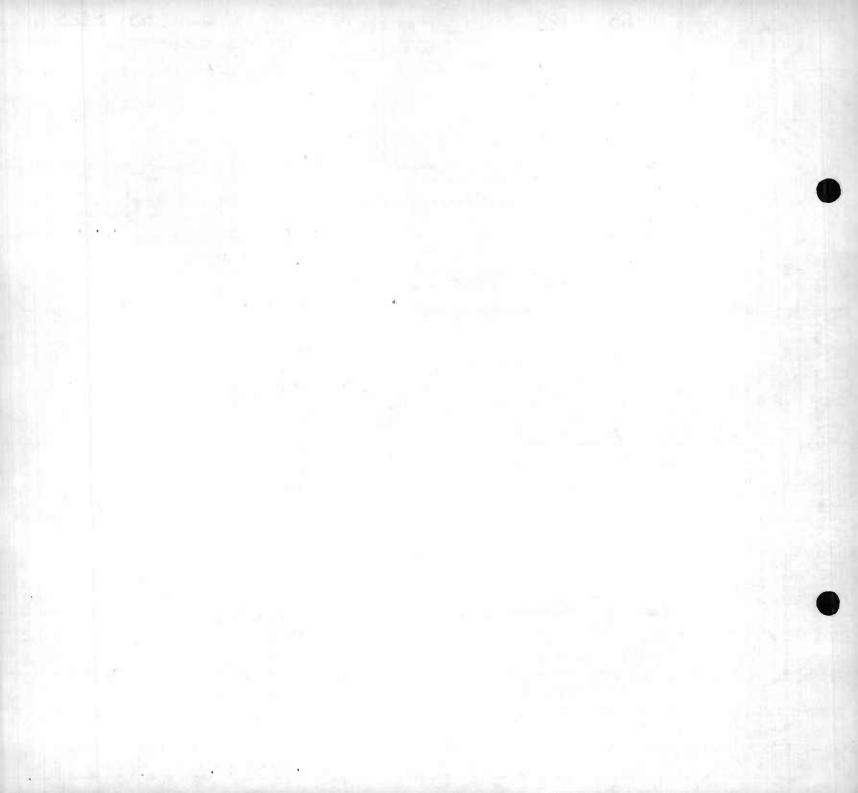
248, NAME OF REGISTRAR HEALTH DEPT

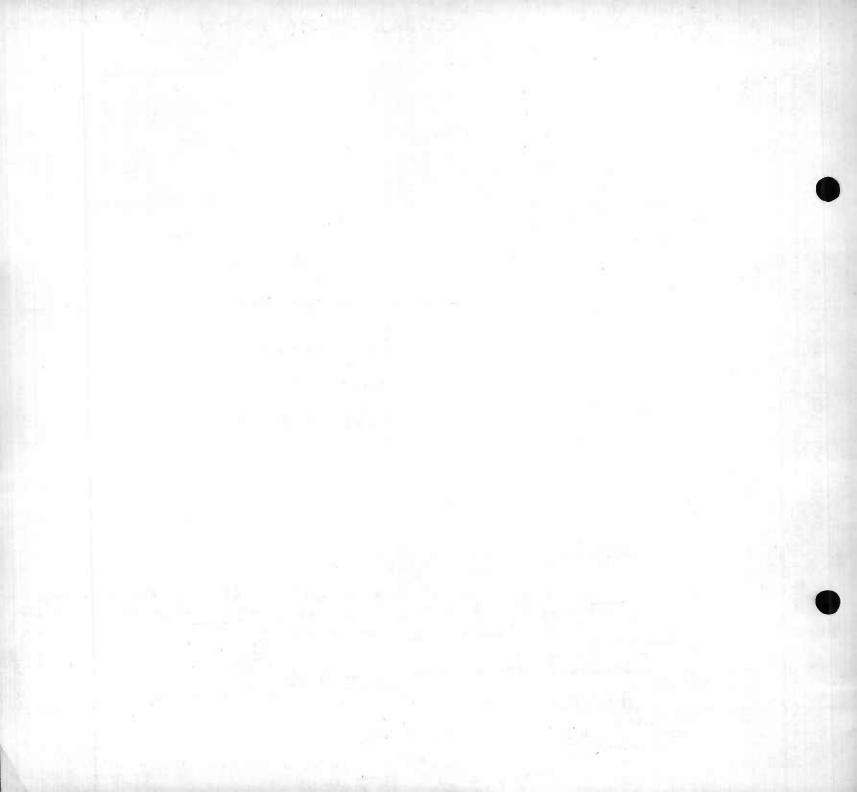
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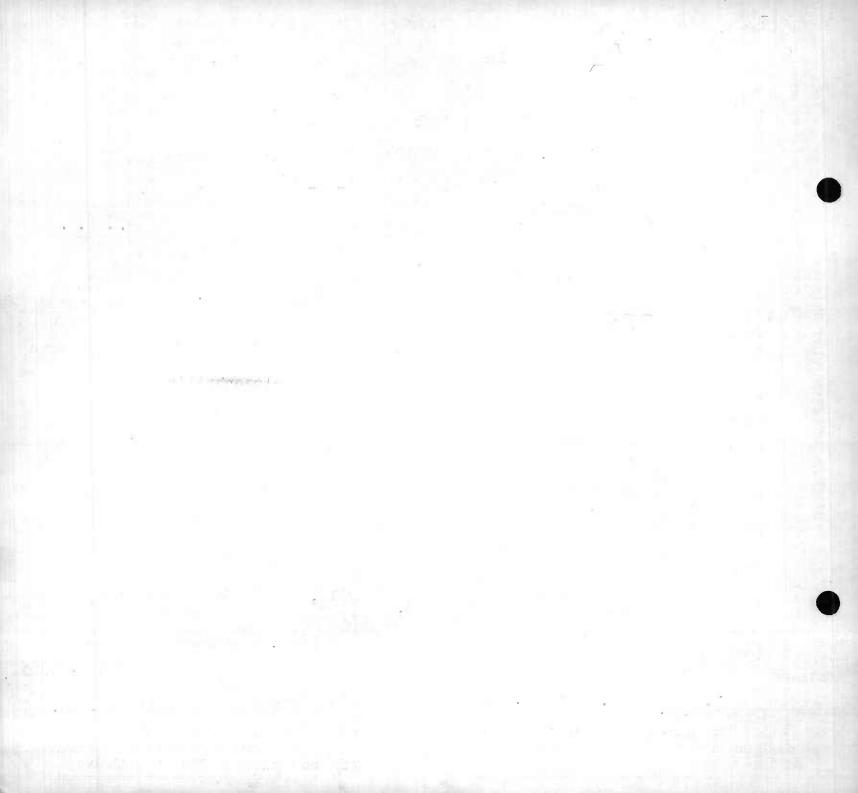
V\$ 150-REV. 1/1/65

	05- 0	100	BALTIMORE CIT	TY HEALTH	DEPARTMENT		00 . 65 61	00	
BIRTH NO. M.E. CASE NO.	65 84	128	CERTIFICA	ATE C	F DEATH	Registered No	. 65 . 84	28	
NAME OF DEC						AND HOUR OF DEAT			
Type or Pnnt)	Marian BALTIMOR	u. E. Mcl	Cahan		Aug	ust 11. 196	55		
PLACE OF DE	ATH IN BALTIMOR	MARYLAND		4. USU	AL RESIDENCE (W	here deceased lived. If	institution: residence be	fore admissio	
					aruland	UNIY	1 0 4		
FULL NAME (	OF (If not in ho address or t	spital or institut	ion, give street	11	42 1 2 2	224143	O Yn		
INSTITUTION				11 0		outside city limits, write	e RURAL and give town	iship)	
0 "		0. 4	P. A.		allimore				
	use in th		- Belain	D. SIKE		(If rural, give location)  Street			
	37 Belair	Road			,	. JAKEEL			
. SEX	6. RACE	7. MARI	RIED, NEVER MARRIED OWED, DIMORCED (specify)	B. DATE	OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Months Doys Ho	Under 24 H	
Female	White	· · · ·	role	7/10	0/1878	87			
OA. USUAL OCC	UPATION (Give kind	of work 108, KIN	OF BUSINESS OR INDUST		IPLACE (State or le	reign country)	12. CITIZEN OF WHAT COUNT	ava	
Bookbi	working life, even if re		ook	Bal.	timora N	land and	11 (9 4		
3. FATHER'S NA		4	JOR	Duc	timore, M	arana	U.S. A.		
			all the second						
Danie.	l McCahan	arthur within	2 - 14 P 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	11/6	ary E. Mc	Dermott			
5. Was Deceased	Ever in U. S. Arm	ed Forces?	1 6. SOCIAL SECURITY NO.	17. INFO	RMANT		ADDRESS		
No	, , , , , , , , , , , , , , , , , , , ,		SECONITI NO.	John	Fanlow	In. 10 Sou	1+12 5+		
18	2 12		CALISE	OF DEATH	- 4	6,00	INTERVAL	RETWEEN	
	S' &	N DIRECTLY	27032	of DEATH	- 40	21 2	ONSET AN		
DISEA	SE OR CONDITIO			11.		· (I alan	1 8	mas.	
(This does	LEADING TO DEATH  (This does not mean the made all dying, e.g.,  DUE TO  CANADAMA COLON  B MOS.								
heart failure,	this does not mean the made at dying, e.g., but to the disease, injury ar camplication which coused death.)								
nd behalf				119	el hory	astasinals	ailes 3.	11/2/1	
796	ANTECEDENT CA	USES	DUE TO	July .	J. J. Cort	asaganga	w-0		
	OR CONDITIONS,			- 1	Myocan	Athere ll	2011		
	e abave cause G CONDITION la:		the (C)		way o cerr	o ways	7/091		
ONDERETIN		>1,				//			
Z OTHER SIGN	IFICANT CONDITIO	NE CONTRIBI	LTING			11			
TO THE D	CONDITION CAU	RELATED TO	THE						
O 19A. DATE OF			OR WHICH OPERATION	120A.	AUTOPSY? (Yes of	Nol 208 IF VES WED	E FINDINGS CONSIDER	ED.	
19A. DATE OF		S PERFORMED	ok Willer Orekanon		2010131.1103 01	IN CERTIFYING C	E FINDINGS CONSIDER AUSES OF DEATH?		
E 21A ACCIDE	NT WAS UNDERLY	ING	218 BLACE OF INTURY IS A	in as about	21C WHERE DID	Ut in Baltim	ore City, give exact loca	-61	
OR CONTRIB	UTING CAUSE O	F	218. PLACE OF INJURY (e.g., home, form, foctory, street,	office bldg.,	INJURY OCCUR?	WI IN DOME	ore city, give exoct loca	OHON)	
U .	y medical examiner)		etc.)						
OF INJURY	(Month) (Doy)	(Year) (Hour)	21E INJURY OCCURRED		21F. HOW DID II	NJURY OCCUR?			
(APPROX.)			While At Not Will Work At Work						
00 1		. 13			10 113	12	1.12-11	15	
22. I certify	that (1) (s <del>hie hu</del> :	<del>spital)</del> attend	ed the deceased from	.//	ne-10	1962 to C	my-11-	1961	
that (I) (we	last saw the de	ceased alive	on LIMA-1	19	6 J ond	that in (my) (over) a	plnian death accurre	d an the d	
and hour an	d fram the cause	s stated abov	e. (I) (Wash (did) (didimen)	view the	bady after death	1.		1	
23ASIGNATI	URE	11/1			/		23 B. DATE SIGNED		
	1/2	66		ttending	Med.	Stoff	and	13/1	
23C. PHYSICIA	AN'S	Len	SYV PI	23D. ADD	Director	Phys.	rug-	1 and - 10	
NAME (	Type)	C. C	- 7/~~	,	1 7	milt.	(two!		
-	VVVV	り、い	EVER. M.D	. /	56 M.	Low	out.		
4A. BURIAL CRE	MATION, 248. DA	TE 24	C. NAME OF CEMPETERY OF C	REMATORY	24D.	LOCATION (	City, town, or county)	(Stote	
0 . 1	2/1	1/201	N C ,1 1 1	_	. 0	14: A	1 / /		
SA. DATE REC'D	BY HEALTH DEPT.	1258 NA	New Cathedral	Cme:	FUNERAL DIRECTO	altimore, 1	kiryland ADDRE	\$\$	
		65 120	B- G FA. D. M.B						
	Word TO 19	APP CON	and an amount, as	00	MULTINON	an Inc. 300	10 E. Balting	ano Ca	



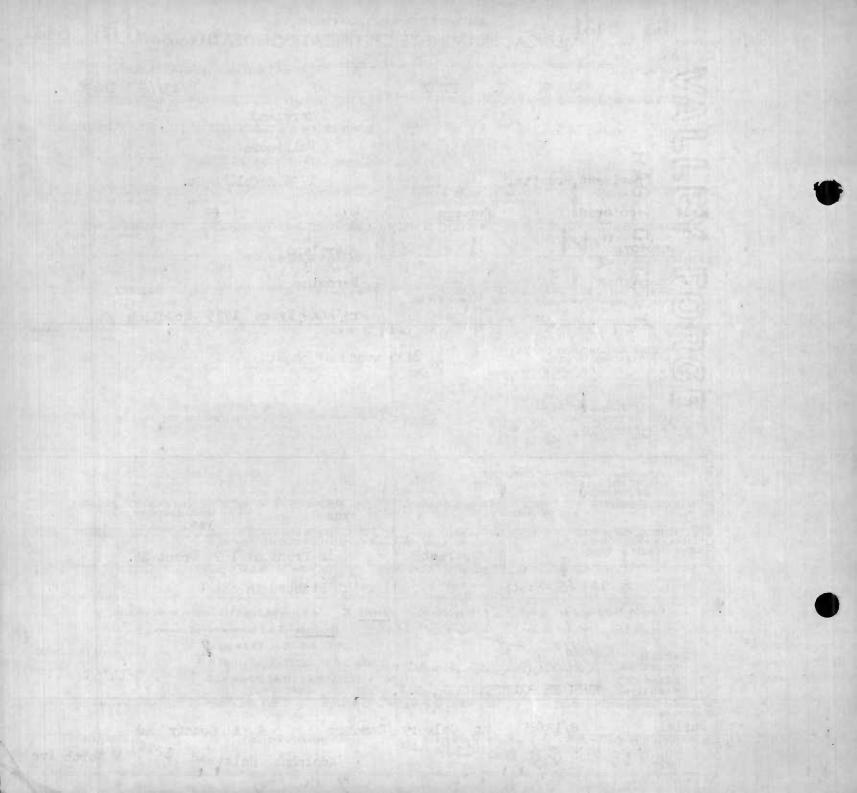


Such	NAME OF DE	CEASED Harry	Buther	CERTIFICA	12 01 2	2. DATE AN	b HOUR OF DEATH		1:50	D
ath. Such	PLACE OF DI	ATH IN BALTIMORE MA			LA LICITAL DES	and the second second	e deceased lived. II i	***		I M.
endan to de	FULL NAME HOSPITAL OR INSTITUTION	OF (li nat in hospital	City Ho	spitals	Mary]	Land Land Limore	side city limits, write	1	3-0	4/
prior		Baltimore,					od Avenue	#2121	7	
5.	SEX	6. RACE		IEVER MARRIED	B. DATE OF BI					24 Hzs.
1	Male	Negro	WING	Wed (specify)	8-30-	-73	9. AGE (In years lost birthdoy) 91		r. If Under s Hours	Min.
		UPATION (Give kind of work working life, even if retired)	108. KIND OF 8	SUSINESS OR INDUSTRY	Mary]		gn country)	12. CITIZEN WHAT C	S. A	
13	FATHER'S NA	ME			14. MOTHER'S	MAIDEN NA	ΛE	-		
				2				?		
1.5 (Y	. Was Decease	d Ever in U. S. Armed For n)(If yes, give wor or date	es?	6. SOCIAL SECURITY NO.	17. INFORMAN	T		ADI	DRESS	
		yes, give were even		SECORITI NO.	RECOR	RDS. BC	H: 4940 E	estorn	Amenii	o #2
MOTATION	DISEASES rise Io II UN DERLYIN  OTHER SIGN TO THE I DISEASE OR	nal mean the made at a state of the caused ANTECEDENT CAUSES OR CONDITIONS, it are above cause (A) G CONDITION last.  IIIICANT CONDITIONS COMMANDER OF THE CONDITION CAUSING TO PERATION 1985.	Ihe disease, death.)  any, giving staling the ONTRIBUTING TED TO THE ISOTION FOR WIORMED		Prost	tatic C	arcinoma  208. IF YES, WERE IN CERTIFYING CA	FINDINGS COP		
207151	2		21B, P	lorm, foctory, street, of	or obout 21 C. V	WHERE DID	(If in Boltimor	e City, give exc	oct locotion)	
14	OR CONTRIB	INT WAS UNDERLYING UTING CAUSE OF y medical examiner)	etc.)	ionn, lociory, sireer, or	fice bldg., tNJU	RY OCCUR?				
0 14 0	OR CONTRIB	VING CAUSE OF y medical examiner)  (Month) (Doy) (Year)	(Hour) 21E, I	NJURY OCCURRED  At Not While At Work	21F. F	RY OCCUR?				
	JA. ACCIDION CONTRIBUTED OR CONTRIBUTED OR CONTRIBUTED OF INJURY (APPROX.)  22. I certify that (I) (we	y medical examiner)  (Month) (Day) (Year)  y that (I) (this haspital ) last saw the decease and from the causes stat  URE	(Hour) 21E, I While Work	NJURY OCCURRED  At Work  deceased fram Jugust 9,  (We) (did) (did nat) v	21F. P	HOW DID INJU			GNED	he date
	21A. ACCIDION CONTRIBUTE OF INJURY (APPROX.)  22. I certifithat (I) (we and haur or 23A. SIGN AT	y medical examiner)  (Month) (Day) (Year)  y that (I) (this haspital ) last saw the decease and from the causes state  URE  Dr. Jeffe	(Hour) 21E I While Work ork of alive an above. (I)	NJURY OCCURRED  At Not While At Work deceased from Jugust 9,  (We) (did) (did not) v	21F. P 21F. P 21 J. P 23D. ADDRESS	HOW DID INJUDENT THE PROPERTY OF THE PROPERTY	Stoll Phys. X	23B. DATE SIG	GNED 9, 1	he date
0.40,000	21A. ACCIDION CONTRIBUTED OR CONTRIBUTED OR CONTRIBUTED OF INJURY (APPROX.)  22. I certify that (I) (we and haur are 23A. SIGNAT 23G. PM-SICL NAME)	y medical examiner)  (Month) (Day) (Year)  y that (I) (this haspital ) last saw the decease and from the causes stat  URE  Dr. Jeffe  EMATION, 248. DATE (Specily)  8/14/6	(Hour) 21E I While Work ) attended the d alive an Arc 24C, NAM	NJURY OCCURRED  At Not While At Work deceased from Jugust 9,  (We) (did) (did not) v  M.D. Atterhys  M.D. M.D. Atterhys  M.D. M.D. CRE	21F. P 21F. P 21 J. P 23D. ADDRESS	HOW DID INJUDENT THE PROPERTY OF THE PROPERTY	9 65 ta A  of in(my) (aur) opi	23B. DATE SIG	GNED 9, 1	he date



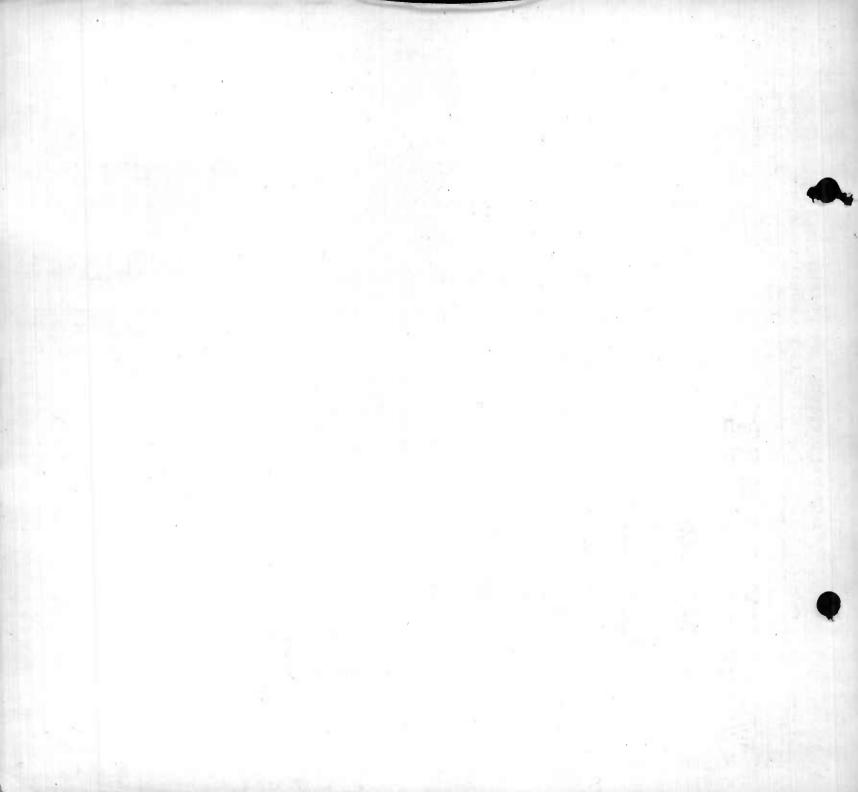
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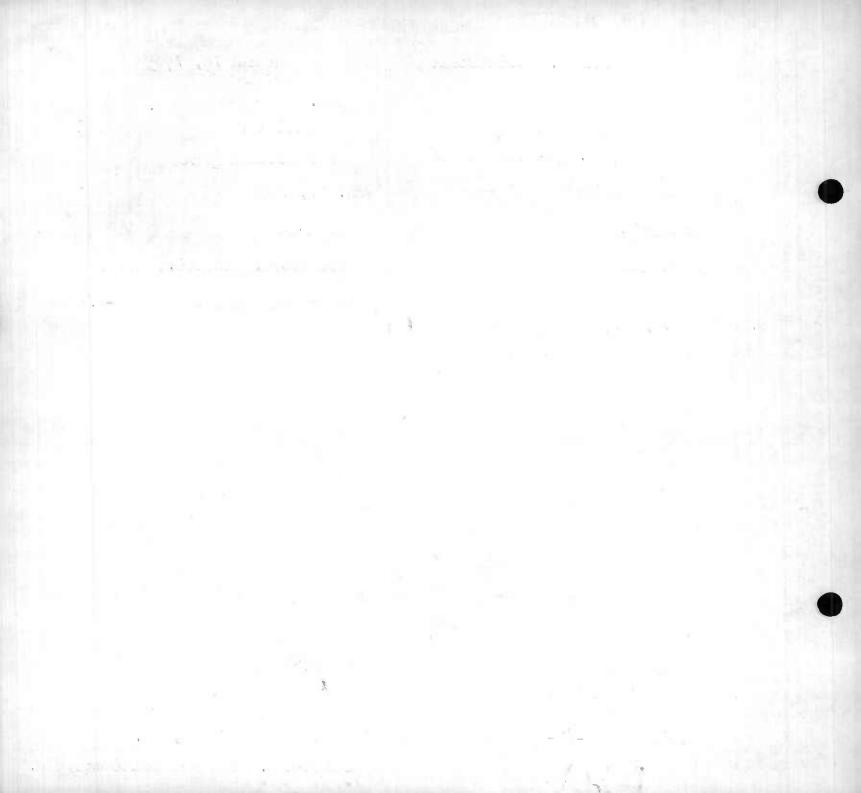
IRTH NO.	ME	DICAL EX	AWINER 2 C	EKTIFICATE	OF DEATH Registe	ered No.
A.E. CASE NO	),					
NAME OF I	DECEASED			2. 0	DATE AND HOUR PRONOUNC	ED DEAD
Type of Thin	GEOR	Œ V.	TYNES		8/13	/65 10:30 a. M.
. PLACE IN BA	ALTIMORE MARYLAND,	WHERE PRONOL	INCED DEAD	A. STATE	Vland	titution: residence before admission
ULL NAME O	F (IF NOT IN HOS	PITAL OR INSTITU	JTION, GIVE STREET		(If outside corporate limits, writ	e RURAL and give township)
NOITUTION				Balt	timore	14-02
7				and the second s	(If tural, give location)	
	Provident Ho	spital		173	5 McCulloh St.	
. SEX	6. RACE	7. MARRIED,	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	II Under 1 Yr. If Under 24 Hrs.
ma le	colored		ARRIED	2/2	29	Months, Doys, Hours, Min.
	CCUPATION (Give kind of	work TOB. KIND OF		RY 11. BIRTHPLACE (Stote	e or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	of working life, even if retire ployed	(d)		Maryland		WHAT COUNTRY:
3. FATHER'S N				14. MOTHER'S MAID	EN NAME	
John	Tynes			Romoico		
5. WAS DECEA	ASED EVER IN U.S. ARN		16. SOCIAL	Berneice 17. INFORMANT		ADDRESS
es, no or unkno	(II yes, give wor or o	dotes of service)	SECURITY NO.	Was Ada T	300r W.O.	22.2
(va.	3				lynes 1735 McCu	illoh St
18. E	TANK		CAUS	SE OF DEATH		ONSET AND DEATH
DIS	EASE OR CONDITION LEADING TO DEA		Stah	wound of che	agt.	
(This doe	es not meon the mode	ol dying, e.g.,	(A)DUE TO	modilo of one		
heort foil	ure, asthenia, etc. II me complication which cous-	ons the diseose,	502.10			
235						3 20 57 30 20 30
DISEASE	ANTECENDENT CAL		(B)DUE TO			
RISE TO	THE ABOVE CAUSE (A	STATING THE	DUE 10			
_	YING CONDITION LAS	51.	(C)			
OTHER !	ll ll					
, SI OTHER :	SIGNIFICANT CONDITIO					
	E DEATH BUT NOT		НЕ	••-•••		
_	OF OPERATION 198. C		WHICH OPERATION		es of No. 208. IF YES, WERE FI	INDINGS CONSIDERED
				yes	ves	
✓ 21 A, EXTER  UNDERLYIN  O  UNDERLYIN  O  O  O  O  O  O  O  O  O  O  O  O  O	NAL CAUSE WAS	21 B.	PLACE OF INJURY (e.g., lorm, loctory, street,	office bldg., INJURY O	RE DID (If in Boltimore City, g CCUR?	rive exact location)
UTING LC	AUSE OF DEATH.	etc.)	street		ont of 1629 Brun	
21D TIME	(Month) (Doy) (	Yeor) (Hour) 2	1E. INJURY OCCURRED		DID INJURY OCCUR?	
(APPROX.)	8 13 65	9:58p	VHILE AT NOT	WHILE X stabl	bed in chest	
22.						
	ertify that I held an		Inspection A		ot an this bosis, death In	my opinion
re	suited from: Natural	couses	Accident Suici			ier
	( )AA	-0		CHIEF MEDI	ICAL EXAMINER	DATE SIGNED
SIGN	ATURE	Stort	1 ml M.	D. ASSISTANT MEDI	ICAL EXAMINER	
	MINER'S	10000	9		ICAL EXAMINER	8/14/65
		R BREITE				
REMOVAL (Spe	CREMATION, 23B. DATE	23	C. NAME of CEMETERY	or CREMATORY	23 D. LOCATION (City	y, town, or county) (State)
Burial		8/65 N	t Calvary	Cemetry	A A County	Мд
	C'D BY HEALTH DEPT.		OF REGISTRAR	24C. FUNERAL	DIRECTOR	ADDRESS
ΔΙ	IG 1 6 1965 (	P. Dee & E	, Janvey mile	Adolph	we Helstead	206 W North Ave



1 5 5 5 E	M	LE CASE NO. 65 8432 CERTIFICATE OF DEATH A REGISTER TO THE CASE NO.	5432
Su + as		NAME OF DECEASED MOHR, MARY ANNA (MAMIC) AUGUST 16	165 4 A.
se of (5) Dec	3.	PLACE OF DEATH IN BALTIMORE, MARYLAND  4. USUAL RESIDENCE (Where deceosed lived, II institut	ion: residence before odmission
		FULL NAME OF (If not in hospital or institution, give street oddiess or location)  C. CITY OR TOWN (If outside city limits, write RURA	ALTIMORE
car car se;	38	INSTITUTION KING CALLALE	c one give township)
T.= L		UNIVERSITY HOSPITAL D. STREET ADDRESS (If rural, give location)	
F 3 0 0	5. E	SEX   6. RACE   7. MARRIED NEVER MARRIED   B. DATE OF BIRTH   9. AGE (In years   If widowed) DIVORCED (specily)   12   13   15   15   15   15   15   15   15	Under 1 Yr.   Il Under 24 H
occur ontrik ermin regul	10	WIDOWED 12/13/18/7 85	
eath occur or contrib ndetermin s in regul		ne during most of working life, even if refired)  H. W.    RELAND	WHAT COUNTRY?
de de	0	FATHER'S NAME 14. MOTHER'S MAIDEN NAME	0.3.11.
ant if direct direct ad; (4) ath w	d (	CASSIDY THOMAS IMLIN MARY	
ssistant the dir kind; death	15,	. Was Deceased Ever in U. S. Armed Forces? ss.no or unknown) (If yes, give wor or dotes of service)  16. SOCIAL SECURITY NO.	ADDRESS
ORTA assist if the if the iny kin ed de	-	18. 3 -4 5 X 1 CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
his of of our control	Dell		
0 2 5 0	E	Olsease OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the made of dying, e.g., head failure, asthenia, etc. II means the disease, injury ar camplication which coused death.)  ANTECEDENT CAUSES  (A)  As piration  (A)  DUE TO  DUE TO	***************************************
mine nine fract	e Hoge	ANTECEDENT CAUSES  (B) Drodural Diver f' cula	***************************************
exami exami 3) A fr who	9 0	DISEASES OR CONDITIONS, if ony, giving	
E _ " C = .=	U)	rise to the above cause (A) stating the (C) UNDERLYING CONDITION tast.	***************************************
dic dic	ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NDT RELATED TO THE DISEASE DR CONDITION CAUSING IT.	
Rhied Body the ysici	B TIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FIND IN CERTIFYING CAUSES	INGS CONSIDERED OF DEATH?
	Detor	218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID OR CONTRIBUTING CAUSE OF DEATH (notily medical examine)  218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore Cit home, lorm, foctory, sheet, office bldg., INJURY OCCUR? etc.)	y, give exact lacation)
hosp hosp ature (6)	dined	21D. TIME (Month) (Day) (Yeat) (Hour) 21E. INJURY OCCURRED 21E. HOW DID INJURY OCCUR?	
pproved the horany nat (except	0 010	22, I certify that (I) (this hospital) attended the deceased fram, \$ 1965 to \$	16 1965
of of of of (i.e.);	90	that (1) (we) last saw the deceased alive an	death accurred an the d
eased eased ident hospit	must	and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the bady after death.  23A. SIGNATURE	DATE SIGNED,
must be eleased ccident a hospit	_	B. N. RANT M.D. Attending Med. Director Phys.	hug 16,65
This certificate the body was reshows: (1) An acwas D.O.A. at a deceased prior	24 25	23C. PHYSICIAN'S NAME (Type) B. N. IRANI M.D. UNIVERSITY HOSP	1TAL
d y v	24	REMOVAL (Specily)	own, or county) (State
This certif the body shows: (1) was D.O., deceased	25	A. DATE REC'D BY HEALTH DEPT.   258. NAME OF REGISTRAR   250 JUNERAL DIRECTOR	ADDRESS /
This of the bashow was deced	3	AUG 16 1965 Robert E. Farburn Segrand & Kucke Inc	5305 Harlow
	VS	150-REV. 1/1/65	

BALTIMORE CITY HEALTH DEPARTMENT



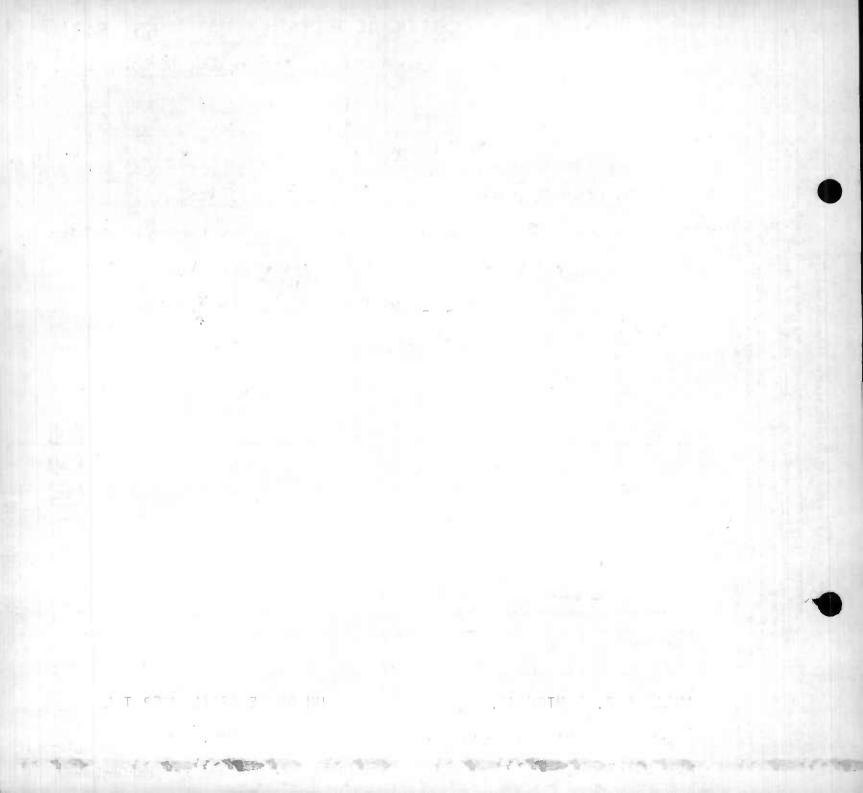


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DIRECTOR:

FUNERAL

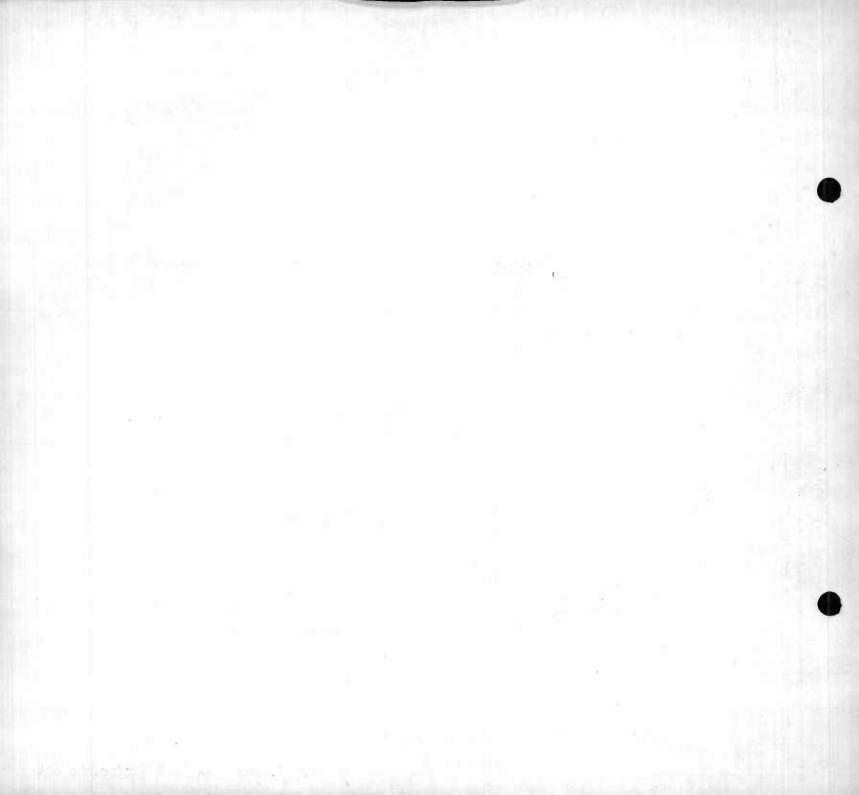
VS 150-REV. 1/1/65

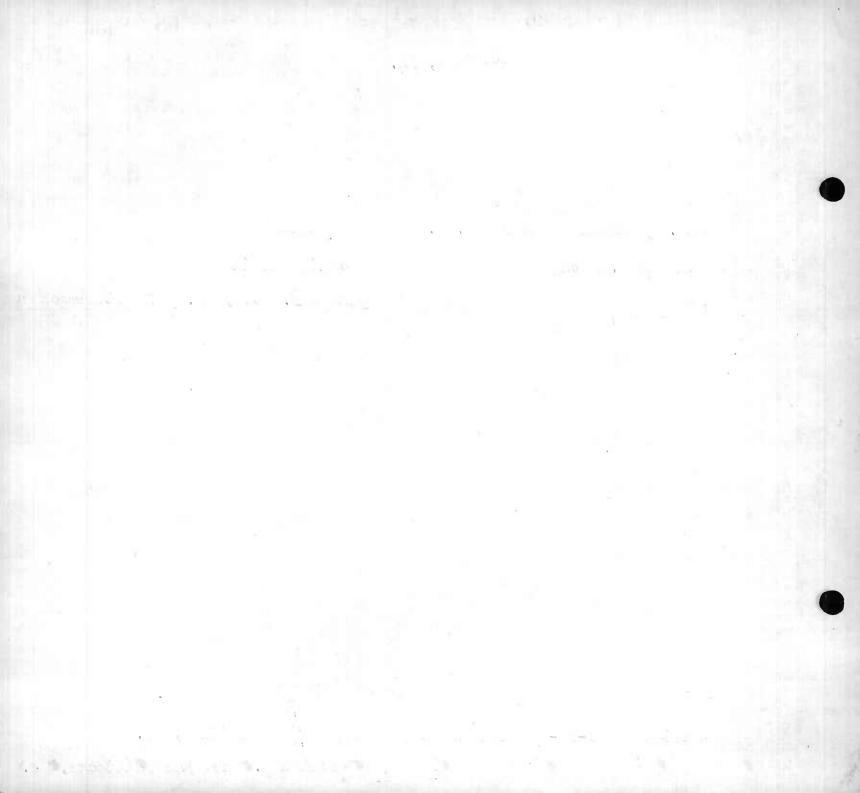


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DIRECTOR:

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VS 150-REV. 1/1/65

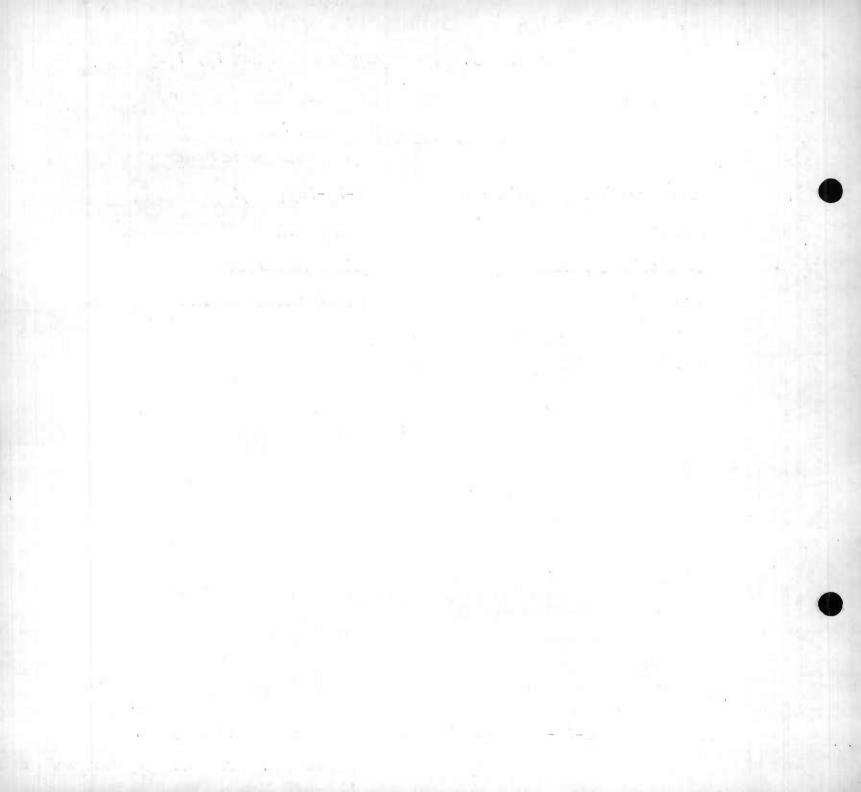
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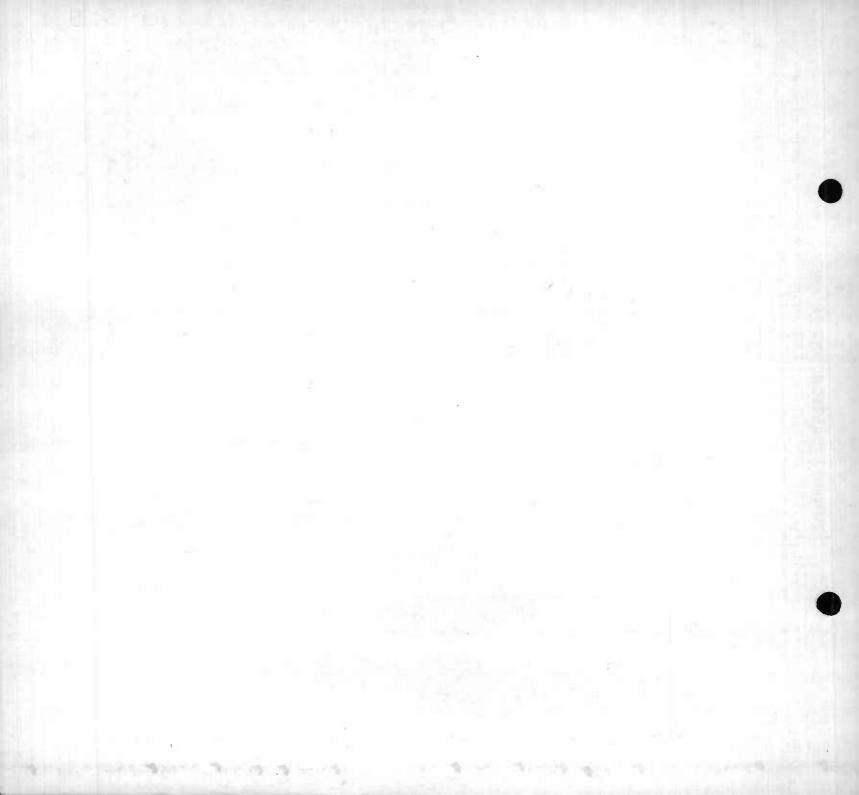
Cofenzalias - +. NOISER J. REWILD, N. D.

CALLED LOS SES SES STARS

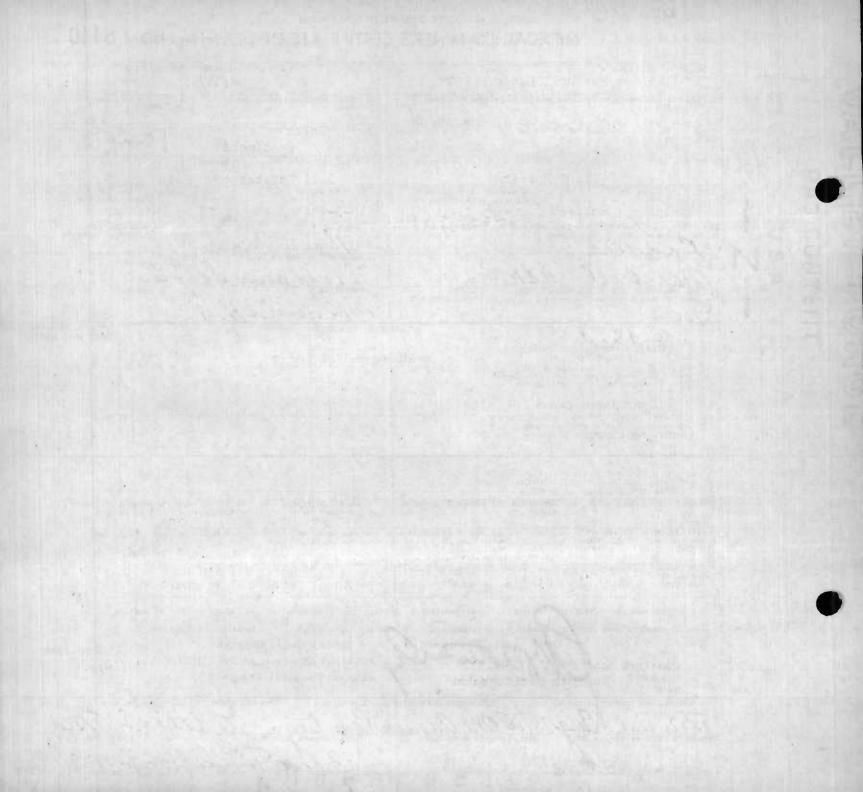
ALTERNATION NOTES AND ALTERNATION



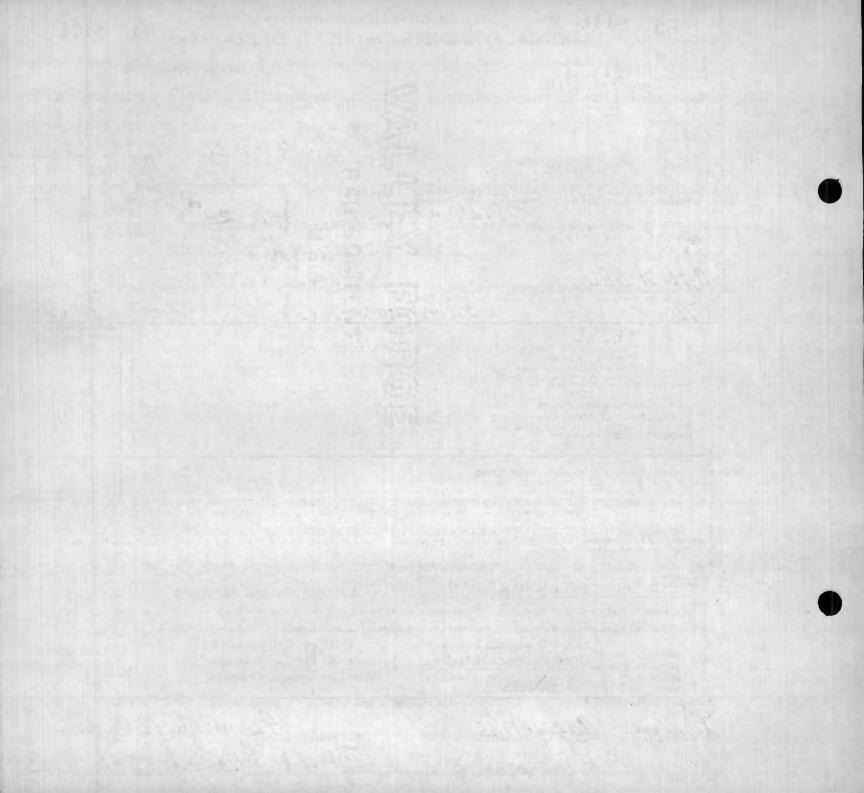
1-130	BIRTH NO.	65 84	39	CERTIFICA	TE OF D		Registered Na.	65 8439
of death of death Deceased on the	Type or Prin	DECEASED WIMA J	Nova	k		8/	S GS	1945 AM.
hosi ise (5) anc	FULL NA	ME OF (If not in hospit. OR oddress or local	ol or institution,	give street	A. STATE	B. COUNT	Y	stitution, residence before odmission)
ed in a hor ting cause d cause; (5) r attendan	MAR	ON / /	VERA/	Hosp		alto	urol, give locotion)	RURAL and give town(ship)
<b>T</b>	BA	Ito Md.	12	NEVER MARRIED	3,	135	Elmork	HUE
ntrib rmin egul	5. SEX	6. RACE CAU	WIDOWED	DIVORCED (specify)	12/3//	86	ost birthdoy)	Months Doys Hours Min.
or co ndete dece		OCCUPATION (Give kind of word of working life, even if retired	1)	ewife	11. BIRTHPLAC	Austr	en country)	12. CITIZEN OF WHAT COUNTRY?
nt if death direct or c; (4) Under th was in	13. FATHERS	bsept Ja	Neo		14. MOTHERS	MAIDEN NAM		
sistant the di the di kind; death nce on	15. Wos Dec (Yes, no or un	eosed Ever in U. S. Armed I known) (If yes, give wor or de	Forces? otes of service)	16. SOCIAL SECURITY NO.	17. INFORMAN			ADDRESS
APO his as fany fany anced	1B.	15EASE OR CONDITION ELEADING TO DEAT		CAUSE	F DEATH	ie Hean	1 Failure	INTERVAL BETWEEN ONSET AND DEATH
0 4 5 5 5 5	heart fa	aes nat mean the made ilure, osthenia, etc. It mean r camplicalian which cous	ns the disease,	DUE TO	Lesiona	On fro	Neart Direc	we see
exame who who he reg	rise to	ANTECEDENT CAUS ES OR CONDITIONS, if the abave cause (A LYING CONDITION last.	any, giving	DUE TO				
_ 0 = - 3 =	E TO TH	SIGNIFICANT CONDITIONS HE DEATH BUT NOT RE E OR CONDITION CAUSING	LATED TO TH	3 E				
Chief chief Body the ysici	19A.DA	TE OF OPERATION 198. CO	ONDITION FOR VERFORMED	VHICH OPERATION	20 A. AUTO	PSY? (Yes or No)	208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
T the	OR CON	CIDENT WAS UNDERLYING ITRIBUTING CAUSE OF (notify medical examiner)	21 B. hom etc.	PLACE OF INJURY (e.g., e, form, foctory, street, c	n or obout 21C. Thice bldg., INJU	WHERE DID RY OCCUR?	(If in Boltimore	e City, give exoct locotion)
hosp hosp natur (6)	21 D. TIA OF INJU	RY		INJURY OCCURRED  Ie At Not Whith At Work		HOW DID INJU	IRY OCCUR?	
approtein to the of any all (except); and be obtained.	that (4)	rtify that (+) (this hospit (we) last saw the decea or and from the couses s	sed allve an	8/14	1965	and the		nian death accurred an the date
must be a released to recident of a hospital r to death)	23A. SIG	Mature Challed F	Jew	140	ending [	Med.	Stoff Phys.	23 B. DATE SIGNED
ificate was A. at d prior	24A. BURIAL REMOV	SICIAN'S ME (Type)  CREMINON, 248. DATE	LEW. 24C. NA	M.D.	Md	CENE 24D. LO	PAP HO	Syl town, or county) (State)
This certif the body shows: (1) was D.O deceased	Bu 25A. DATE	rial 8/18/	S E LO	rraine Park (	emeterwe	RAL DIRECTOR	Baltimore,	Maryland ADDRESS
This the b show	AUG VS 150-REV.		b. E. Fan	berth 0			ck Inc 5305	Harford Road



BIRTH NO.	WEDI	ICAL EX	CAMINER'S C	EKTIFICA	IE OF L	JEA I H Regist	erbd/Na	0440
M.E. CASE NO.								
(Type or PrintThe	omas Marshall	David	HOLT		2. DATE AND HOUR PRONOUNCED DEAD 8/14/65			
3. PLACE IN BALT	TIMORE MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESID	ENCE (Where	deceased lived. If ins	titution: resi	dence before odmission
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITA ADDRESS OR LOCA		UTION, GIVE STREET	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission B. COUNTY  C. CITY ORDINAL (If outside corporate limits, write RURAL and give township)  Baltimore				
				D. STREET ADD	RESS (If rurol,	give locotion)	1	
	Sinai H	ospital		381	l Reiste	erstown Roa	d	
5. SEX male	6. RACE colored		NEVER MARRIED DIVORCED (specify)	10-5-194	Н	9. AGE (In years lost birthday) 23	If Under	Doys Hours Min.
IOA. USUAL OCC		108 NND 0	F BUSINESS OR INDUSTRY		<u> </u>		12. CITIZ WHA	EN OF
3. FATHER'S NAM	AE.	-		14. MOTHER'S M	AIDEN NAM	6-10		
mara	6.00. 11	the.	a Luma ?	9/16	alade i	11.5	Ten.	
5. WAS DECEASE	ED EVER IN U.S. ARMED	FORCES?	16. SO CIAL	17. INFORMANT	16 Juces	Mark	ADDRESS	
Yes, no or unknown	(If yes, give wor or dote	s of service)	SECURITY NO.	110		11 -		
160.				MAG	lound	14,41.		
1B.	9821		CAUSE	OF DEATH			72	ONSET AND DEATH
DISEA	SE OR CONDITION DI	RECTLY						
/71:	LEADING TO DEATH		(A)	vound of h	neart			
heort foilure,	not meon the mode of osthenio, etc. It meons	the diseose,	DUE TO					
rnjury or con	mplication which coused	deoth.)						
A	ANTECENDENT CAUSE	S						
	OR CONDITIONS, IF A		(B)	••••••	•••••			* • • • • • • • • • • • • • • • • • • •
RISE TO TH	IE ABOVE CAUSE (A) ST						10.30	
	NO CONDITION EAST.		(C)					· · · · · · · · · · · · · · · · · · ·
9	11							
O TO THE	NIFICANT CONDITIONS DEATH BUT NOT REI R CONDITION CAUSING	LATED TO						
	OPERATION 198, CON	DITION FOR	WHICH OPERATION	20A. AUTOPSY	(? (Yes or No)	20B. IF YES, WERE F	INDINGS C	ONSIDERED
8	WAS PER	FORMED		yes		IN CERTIFYING CAU	ISES OF DE	
Z 21 A. EXTERNA	L CAUSE WAS	21 B.	PLACE OF INJURY (e.g.,	in or obout 21C. V	WHERE DID			ocotion)
	OR CONTRIB-	home	, form, foctory, street,	ffice bldg. INJUR	Y OCCUR?			
7	-		yard			Reistersto	wn Ka.	
OF INJURY	(Mahth) (Day) (Yeor		TE. INJURY OCCURRED	21 F. H	OM DID INT	JRY OCCUR?		
(APPROX.)	8 13 65	5 11p	WHILE AT NOT	WHILE X	stabbe	e d in ches	t	
22.								
l cer	tify that I held an	nguiry 🔲	Inspection Au			is basis, deoth in	my opinio	n
resul	Ited from: Notyfol eq	uses .	Accident Sujetd	e Homici	ide 🖺 👢	Indetermined mann	er _	
		1	2 //		EDICAL EX	AMINER		
ACTUA	L / //	VIII	Tulula					DATE SIGNED
SIGNAT	V / I/	Du		ASSISTANT M			8/	14/65
EXAMIN	ER'S Rudiger	Breiten	ecker /	ASSOCIATE N	MEDICAL EX	KAMINER		
NAME (	Type)				100 P	0.5.1.5011		(5, 1, 1
23A. BURIAL CRE REMOVAL (Specif	VI. A Alicali	8/65	My aubice	Ceru te	230. [	a lett	east	county) (Stote)
	BY HEALTH DEPT.	248 NAME	OF REGISTRAR	24C. FUNER	AL DIRECTOR	-0 - 11	0 1	ADDRESS C
AUG 16	1965 ( D. P.	18 Fa	Dec MA	30	calos.	Elich	con	1129/10
VS 151-REV. 1/1/	65	10	5	0 7/0	[ ] ]			100



VS 151-REV. 1/1/65

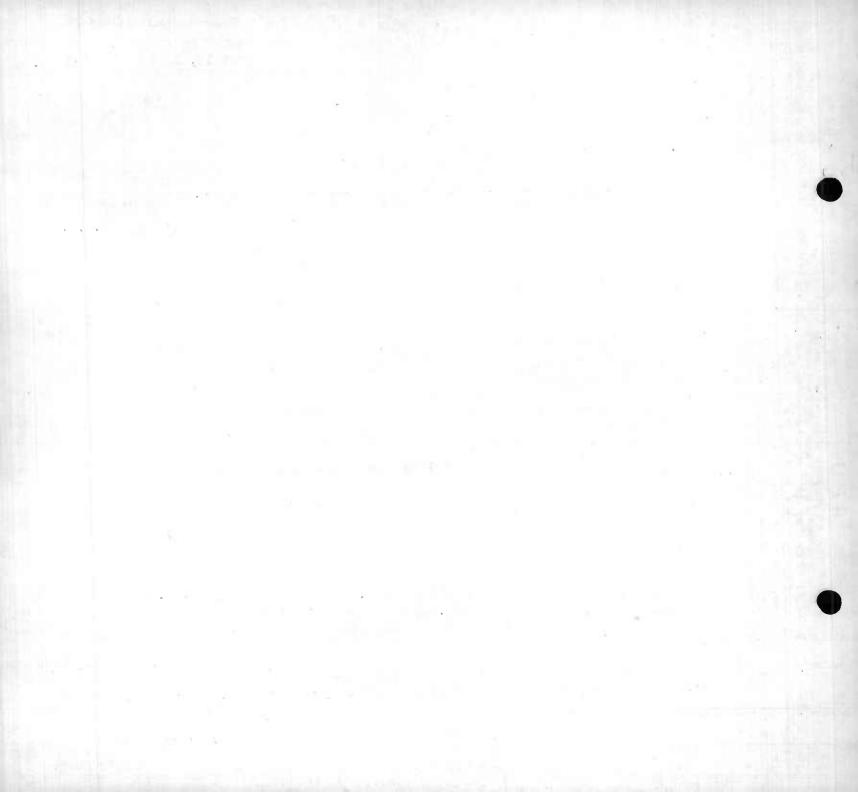


BALTIMORE CITY HEALTH DEPARTMENT

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DIRECTOR:

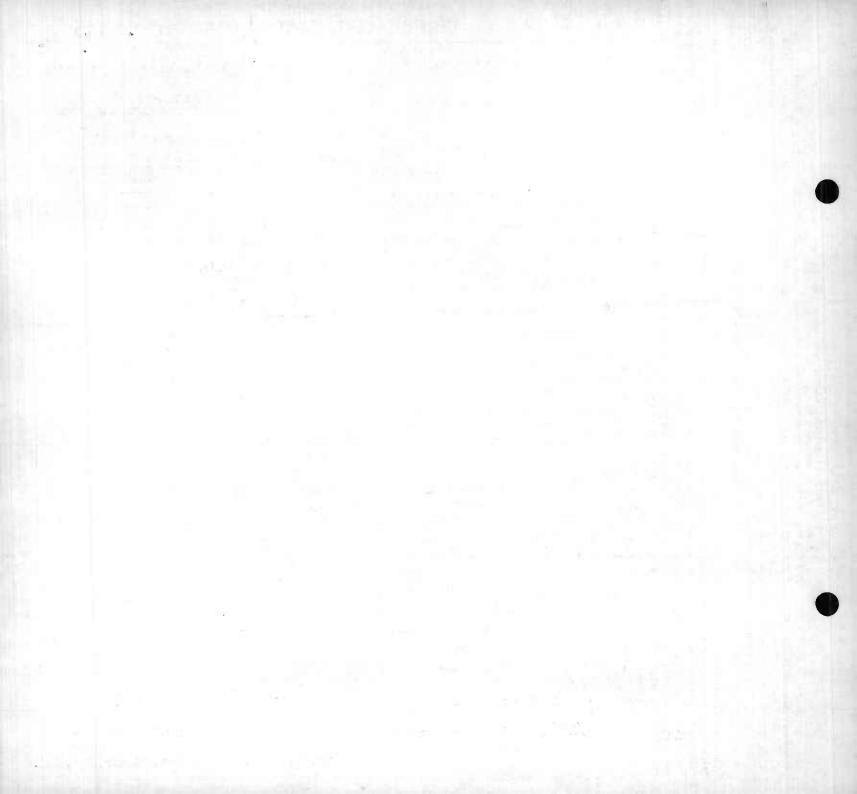
FUNERAL



BIRTH NO.	MEDI	CAL EX	AMINER'S CE	RTIFICAT	E OF I	DEATH Registe	ered No	
M.E. CASE NO.								
1. NAME OF DEC	CEASED MAY		MENTZLE			ust 12, 196		7:00 P
3. PLACE IN BALT	TIMORE MARYLAND, W	HERE PRONOU	INCED DEAD	4. USUAL RESIDI		deceased lived. If ins	titution: resid	M.
				A. STATE	yland	В. СО	UNTY	
HOSPITAL OR	ADDRESS OR LOCA	TION)	THON, GIVE STREET	C. CITY OR TOW	/N (If outside	e corporate limits, writ	e RURAL one	give township)
				Bal	timore	15		
Lı	utheran Hospi	tal		D. STREET ADDR	6 Elgin	n Avenue	(/	
5. SEX	6. RACE		NEVER MARRIED DIVORCED(specify)	B. DATE OF BIRTH	1	9. AGE (In years last birthday)		Yr. If Under 24 Hrs. Days : Hours , Min.
Female	White	Sin		Jan, 29, 1	.888	77		
		108 KIND OF	BUSINESS OR INDUSTRY			in country)	12. CITIZEI	OF COUNTRY?
Nor	warking life, even if retired)	None	e	Marylan	ıd		U.S	COUNTRY?
13. FATHER'S NAM	A E	FILLIE		14. MOTHER'S MA	AIDEN NAM			
	nce Mentzel		A STATE OF THE STA	Mary Bo	rgeal	t		
	O EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORMANT			ADDRESS	
No	No		No	Miss Mar	garet	Mentzel	same	as # 4
18. 7	A. D		CAUSE	OF DEATH				INTERVAL BETWEEN
DISEA	SE OR CONDITION DI	RECTLY						DINSEL AND DEATH
	LEADING TO DEATH			iosclerot	ic Hear	t Disease.		mm c m m m m c c d c d c d c c c m m m c c c c
heart failure,	not mean the mode of , asthenia, etc. It means mplication which caused (	the disease,	DUE TO					
	OR CONDITIONS, IF A		(B)					
RISE TO TH	E ABOVE CAUSE (A) ST NG CONDITION LAST.	ATING THE	DUE 10					
	NO CONDITION LASI.		(C)		•••••••	• • • • • • • • • • • • • • • • • • • •		
OTHER SIG TO THE DISEASE O	11					AL-III COL		
OTHER SIG	DEATH BUT NOT REL							
E DISEASE O	R CONDITION CAUSING	IT.	18.800.000.000.000.000.000.000.000					
19A. DATE OF	OPERATION 198, CON		WHICH OPERATION	20A. AUTOPSY	(Yes or No)	IN CERTIFYING CAU		
10	L CAUSE WAS	218	PLACE OF INJURY (e.g., i	No	HERE DID	(If in Boltimore City of	ive exect les	action)
UNDERLYING	OR CONTRIB-	home,	, form, factory, street, o	ffice bldg., INJURY	OCCUR?	tir in commore city, g	IVE EXOCITOR	dion
7								
OF INJURY	(Month) (Doy) (Year		E. INJURY OCCURRED		OM DID INT	JRY OCCUR?		
(APPROX.)		m. W	VORK NOT V	ORK				
22. I cer	tify that I held on I	nquiry 🗌	Inspection X Auto	opsy and	I that on thi	is bosis, deoth In	my opinian	
resul	ited from: Notural cou	ses X A	ccident Suicide			Indetermined monn		
	0/				EDICAL EX			
ACTUA		2.1)	Felly M.D.					DATE SIGNED
SIGNAT	IEDIC -	u.es s	1	ASSOCIATE M				8/13/65
NAME (	Type) Charle	es S. Pe	etty, M.D.					
23A, BURIAL CRE REMOVAL (Specifi		230	C. NAME of CEMETERY of	CREMATORY	23 D. L	OCATION (City	, town, or co	ounty) (Stote)
Burial		65	Western		Ba	ltimore.	Md.	
24A. DATE REC'D	BY HEALTH DEPT.	24B. NAME	OF REGISTRAR	24C. FUNERA	AL DIRECTOR	, ,		DORESS
AUG 1	6 1965 Rober	48. F	Suber Hill	John	1/1	anoty	6411	Looper
VS 151-REV. 1/1/		7	5000	40/01	1 . 2	- wring	7/4	I La.

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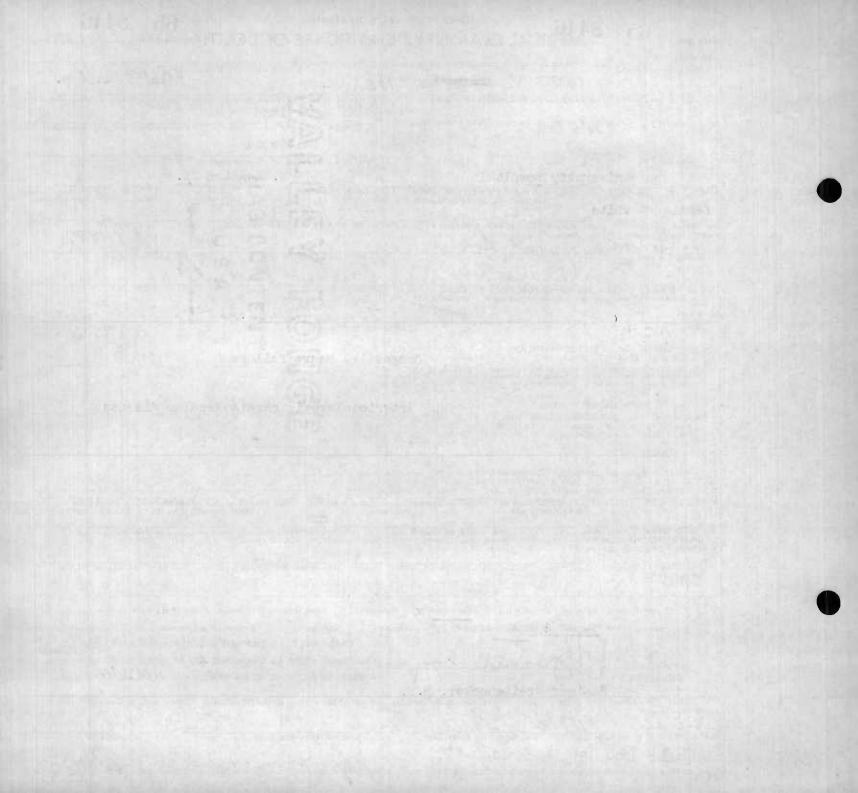
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BALTIMORE CITY HEALTH DEPARTMENT 65 8446

RTH NO. 65 SAAG BALTIMORE CITY HEALTH DEPARTMENT 65 8446

M.E. CASE NO.	WED	ICAL EXAMIN	EK 3 C	EKTIFICATE OF L	JEAIN Regist	rered No	
I. NAME OF DEC	CEASED			2. DATE ANI	HOUR PRONOUN	CED DEAD	
(Type or Print)	CARRI	7 4		DACH			.:56 p.
		HERE PRONOUNCED DEAL		4. USUAL RESIDENCE (Where A. STATE Maryland	deceosed lived. If in B. CO	stitution: residence UNTY	e before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)				C. CITY OR TOWN (If outside Baltimor	1	ite RURAL and g	ive tawnship)
				D. STREET ADDRESS (If rural,	give location)		-
	University	Hospital		925 W. L	ombard St.		
female	6. RACE white	7. MARRIED, NEVER MAR WIDO WED, DIVORCED(Sp		4/5/1889	9. AGE (In years last birthday)	Manths Doy	r. If Under 24 Hrs. s Haurs Min.
	varking life, even if retired)	108. KIND OF BUSINESS O	OR INDUSTR	11. BIRTHPLACE (State of foreig	n country)	12. CITIZEN C	
3. FATHER'S NAM		acock	THE STATE OF	amanda Die	rheat		
res, na ar unknawn)	O EVER IN U.S. ARMED		Y NO.	17. INFORMANT	1 00	ADDRESS	f 1 . s
11B. 110		0	CALLS	OF DEATH	ich - 72	J /V of	ERVAL BETWEEN
4.00	E OR CONDITION D		CAUSI	OF DEATH			SET AND DEATH
DISEASES OF THE UNDERLYING OTHER SIGN TO THE	INTECENDENT CAUSI OR CONDITIONS, IF A E ABOVE CAUSE (A) S IG CONDITION LAST.  II WIFICANT CONDITIONS DEATH BUT NOT RE R CONDITION CAUSING	CONTRIBUTING	UE TO	riosclerotic car	diovascular	disease	
19A. DATE OF		DITION FOR WHICH OPER	RATION	20A. AUTOPSY? (Yes or No)	20 B. IF YES, WERE FIN CERTIFYING CAL		
21 A. EXTERNAL UNDERLYING DELL	OR CONTRIB-	21B. PLACE OF IN hame, farm, facta etc.)	NJURY (e.g., ary, street,		Ilf in Baltimare City,	give exact location	on)
21 D TIME OF INJURY (APPROX.)	(Month) (Day) (Yea	(Hour) 21E. INJURY C		21F. HOW DID INJU	RY OCCUR?		
22.	ify that I held on I	nquiry Inspection			s bosis, deoth in	my opinion	THE X E.
	ted from: Natural ca		Suicid		Indetermined mon		
ACTUAL		estuela	~_ M.D	CHIEF MEDICAL EX			ATE SIGNED
EXAMIN NAME (1	ER'S	Breitenecker.	M.D.	ASSOCIATE MEDICAL EX		8/14/6	5
REMOVAL (Specify	MATION, 23B. DATE	23C. NAME OF		OF CREMATORY 23D. LO	CATION (Cit	y, tawn, or count	y) (Stote)
4A. DATE REC'D	BY HEALTH DEPT.	248. NAME OF REGISTRA	AR .	24C. FUNERAL DIRECTOR	· succe	ADDI	RESS
AUG 16		E, FarberMA	0	John J. Cows	a I Sou The	· · · 901	Halling &
S 151-REV. 1/1/6	65	1 8 W W		0. 1/7 0 0			(23)



BIRTH NO.

8447

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

M.E.	CASE NO.									
1. NAME OF DECEASED (Type of Print)  I LET ENTE					2. DATE AND HOUR PRONOUNCED DEAD					
		HELENE	U.	ELLIOTT		August 12, 19	171.			
3. PL	ACE IN BALT	IMORE MARYLAND, W	HERE PRONOL	INCED DEAD	A STATE	R C	Baltimore			
FULL	NAME OF	(IF NOT IN HOSPITA	AL OR INSTITU	TION, GIVE STREET		iryland WN (If outside corporate limits, w				
INST	TUTION	ADDRESS OR LOCA	(IION)				The transfer of the second of			
	Union	Memorial Hos	nital			WSON RESS (If rural, give location)	00 99			
	OHIOH	Memorrar nos	pricar			06 Berrywood	L			
5. SE)	(	6. RACE		NEVER MARRIED DIVORCED(specify)	B. DATE OF BIRTH  9. AGE (In years If Under 1 Yr. If Under 2   Months, Days, Hours,					
	Female	White	Marri	ed	June 23,					
		JPATION (Give kind of work yorking life, even if retired)	OB. KIND OF	BUSINESS OR INDUSTR	YII. BIRTHPLACE	(State or foreign country)	12. CITIZEN OF			
H	ousewis	e	Own h	ome	Pennau 14. MOTHER'S 4M	lvania	WA			
13. FA	THER'S NAN									
3	_ V	J. Kulnar				hy Mae Smith				
		D EVER IN U.S. ARMED		SECURITY NO,	17. INFORMANT		ADDRESS			
	no	none		24 213-34-6	635	Family records				
18	1/1	+ X .		CAUS	E OF DEATH		INTERVAL BETWEEN ONSET AND DEATH			
	DISEAS	E OR CONDITION DI	RECTLY							
	(This does a	LEADING TO DEATH of meon the mode of			ant Lympho	oma of Mediastinu	n •			
	heart foilure,	asthenio, etc. It means	the disease,	DUE TO						
	Δ.	NTECENDENT CAUSE	c				HELD EN BREEK			
		OR CONDITIONS, IF A		(8). DUE TO						
		E ABOVE CAUSE (A) ST	TATING THE							
Z				(C)		******************************				
E		11								
ERTIFICATION		DEATH BUT NOT REL								
		CONDITION CAUSING			V	A				
S	A. DATE OF	OPERATION 198, CON		WHICH OPERATION	Yes	? (Yes or No.) 208, IF YES, WERE IN CERTIFYING CA				
4 2	A. EXTERNA	CAUSE WAS	218.	PLACE OF INJURY (e.n.		WHERE DID (If in Baltimare City,				
EDIC	NDERLYING [	OR CONTRIB-	home etc.)	, form, factory, street,	office bldg., INJUR	OCCUR?	give exect idealies.			
<b>\S</b>	TIME FINJURY	(Month) (Day) (Year	Hour) 2	1E. INJURY OCCURRED	21 F. H	OW DID INJURY OCCUR?				
	APPROX.)		m \	VHILE AT NOT	WHILE WORK					
2	2,									
			nquiry 🔲			d that on this basis, death in				
	resul	ted from: Notural con	uses X A	scident Suici			nner			
	ACTUAL	01		1/-		EDICAL EXAMINER	DATE SIGNED			
	SIGNAT		all!	1 clly M. C		EDICAL EXAMINER	8/13/65			
	EXAMIN NAME (	Chamle	s S. Pe	tty M.D.	ASSOCIATE M	MEDICAL EXAMINER				
	BURIAL CRE		23	C. NAME OF CEMETERY	or CREMATORY	23D. LOCATION (C	ity, lawn, or county) (State)			
	Burial	8/16/6	5	Moreland Memo	rial Park	Parti. 11	W			
		BY HEALTH DEPT.	248. NAME		24C. FUNER	AL DIRECTOR	ADDRESS			
	AUG 1	6 1965 Rele	B 8.3	Talley MI	Jah.	Parkville, 1 al Director or Burns Sons To	wan 4 MI/			
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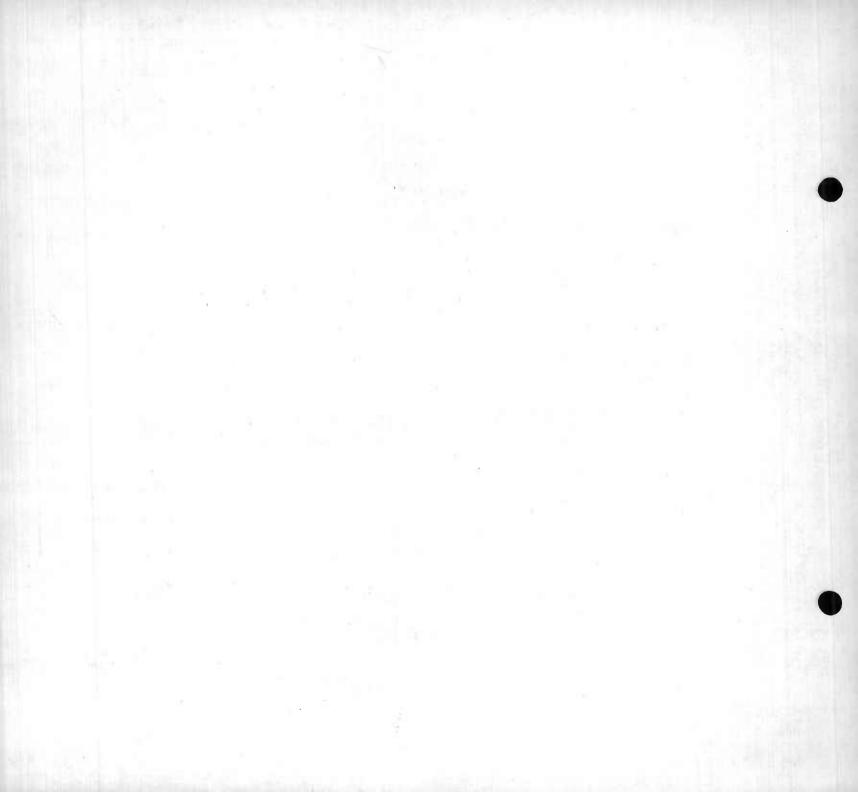
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Jackett C. Habase

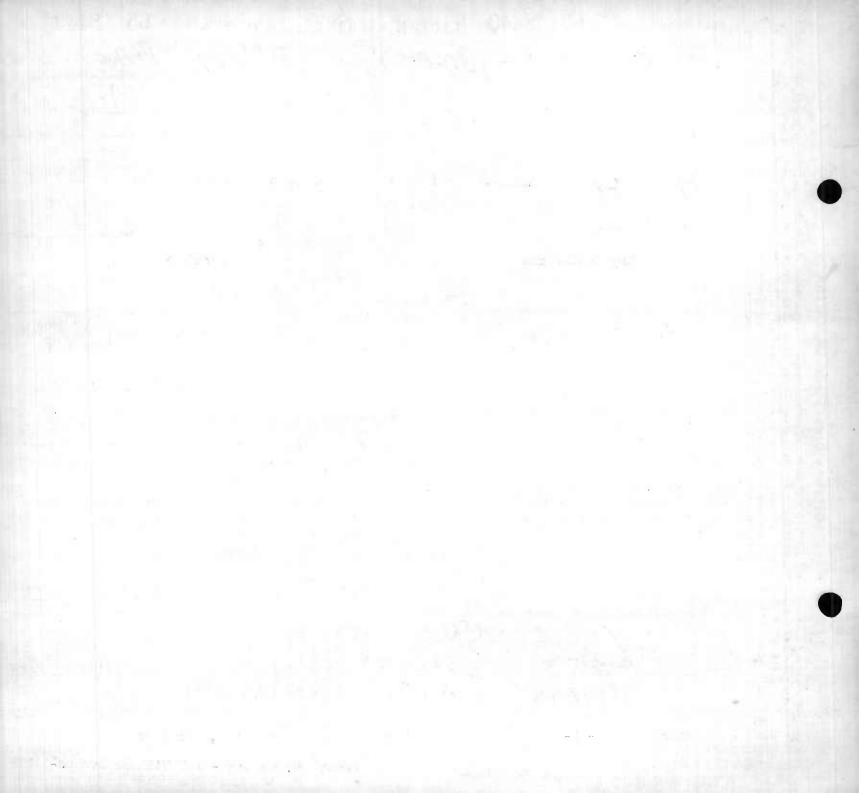
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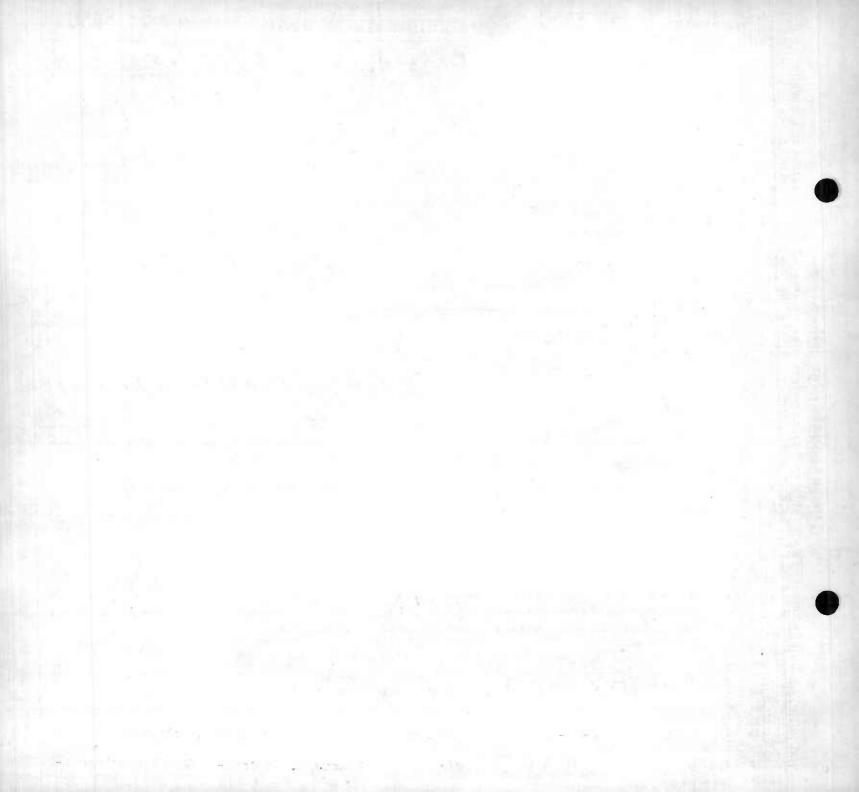
BIRTH NO.	65 8448	CERTIFICA	TE OF DEATH	Registered No.	65 8448
M.E. CASE NO.  1. NAME OF DECEASED (Type or Print)	, M.		2. DATE A	NO HOUR OF DEATH	
3. PLACE OF DEATH IN BAL		rie 7	4. USUAL RESIDENCE (WH	ere declased lived. If in	nstitution: residence before admission)
HOSPITAL OR odde	at in haspital ar institution, give ess or location)	street	A. STATE B. COU	HerKime	RURAL and give township)
INSTITUTION FILE	n Square	HOSP.	D. STREET ADDRESS 2	Herkine rural, give location)	2 St - Balto- Mil
0	n square		V-Balt	emores 7	id
5. SEX 6. RACE  female  (10) USUAL OCCUPATION (G	1 Hite 7. MARRIED, NE WIDOWED, I	OVORCED (specify	3/26/1908	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Manths Days Haurs Min.
	even if retired)	ISINESS OR INDUSTRY	11. BIRTHPLACE (State or for	reign country)	12, CITIZEN OF WHAT COUNTRY?
Machine of working life.  Machine offe.  13. FATHER'S NAME	July Coly Coly	(0.00.	14. MOTHER'S MAIDEN N	AME	
Loseph 7	tullett		- Cup	enour	
MS. Was Deceased Ever in U. Mes, no ar unknown) (If yes, given	S. Armed Forces? e wor or dotes of service)	S. SOCIAL SECURITY NO.	Mens Virge	nia S.chr	rick above
18. 420-1	1	CAUSE OF	DEATH		INTERVAL BETWEEN ONSET AND DEATH
	NDITION DIRECTLY TO DEATH	Chri	dine arest		160
heart foilure, asthenia,	he made of dying, e.g., etc. II means the disease,	DUE TO			
injury or complication w	vhich caused death,) NT CAUSES	(B) MU	pocurding &	afaction	? me day
DISEASES OR COND	ITIONS, if any, giving	DUE TO	makes by the	1	
rise to the abave UNDERLYING CONDIT	cause (A) stating the	(C) (D)	many and	y visini	
	II				
I VI OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING T NOT RELATED TO THE T CAUSING IT.				
19A. DATE OF OPERATION	-	ICH OPERATION	20A. AUTOPSY? (Yes or h	10) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
O 21A. ACCIDENT WAS U	NDERLYING 218, PL	ACE OF INJURY (e.g., in	ar about 21 C. WHERE DID	(If in Boltimor	e City, give exact location)
OR CONTRIBUTING C	AUSE OF hame,	form, factory, street, aff	ice bldg., INJURY OCCUR?		
_		JURY OCCURRED	21F. HOW DID IN	IJURY OCCUR?	
(APPROX)	While Wark	At Work			)
	his hospital) attended the	/1.1 . ( )	my-id	19 (0) to	[Ne] 14 19 (1)
	the deceased alive on				nion death accurred on the date
23A. SIGNATURE	causes stated above. (1) (	We) (did) (did not) vi	iew the body offer deoth	•	23B. DATE SIGNED
yun den	NO	M.D. Atter	mding Med. Director	Stoff Phys.	8/14/65
23C. PHYSICIAN'S NAME (Type)	h	2	3D. ADDRESS	0 - 21	1-1
	00 ) - MAGN	E of CEMETERY OF CRE	MATORY 1240.	LOCATION (C	ity, town, or county) (State)
REMOVAL (Specify)	0/4/11	don Fark	S 600. 7	en Die Ann	"B A
25A. DATE REC'D BY HEALT	H DEPT! 258. NAME OF	REGISTRAR	25C. FUNERAL DIRECTO	OR DUREN	ADDRESS ST
AUG 1 6 1965	Q. C. A. S. F. D.	- 44 9	John V. C	owant Son	Que Hollins
VS 150-REV. 1/1/65	25 to 1		11 9 16 9		923 md



46	BALTIMORE CITY HEALTH DEPARTMENT	05 0440
2002	BIRTH NO.  M.E. CASE NO.  65 8449 CERTIFICATE OF DEATH Registered No.	<del>- 55 - 8449</del>
deat deat ease n th Suc	1. NAME OF DECEASED (Type or Print) COUL BOU RNE DALPH SI 2. DATE AND HOUR OF DEATH	14 AUGUST 1865
5 7 % 0 5	3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived. II in	1018
D D D	FULL NAME OF (If not in hospital or institution, give street oddress or locotion)  (If not in hospital or institution, give street oddress or locotion)  (If outside city limits, write limits, write limits)	RURAL and give township)
prior to	MUSPHS HOSPITAL	V-43
made.	BALTINO RE	
	5. SEX 6. RACE 7 MARRIED, NEVER MARRIED 8. DATE OF BIRTH 1/2-03 9. AGE (In years 1/2-0-3) 9. AGE	II Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	done during most of working life, even if retired)	12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME	1037
	Ray Coulbourne Pearl To	
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (II yes, give wor or dolos of service)  231-05-0103  (HPRT	ADDRESS
	DISEASE OF CONDITION DIRECTLY	INTERVAL BETWEEN ONSET AND DEATH
	(This does not mean the mode of dying, e.g.,  (This does not mean the mode of dying, e.g.,	HOURS
	heart failure, astheria, etc. It means the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  (B) MYOCARDIAL INFARC	TIME DAYS
	ANTECEDENT CAUSES  (B)  DUE TO  DISEASES OR CONDITIONS, if ony, giving	45000
	rise to the obove couse (A) stoting the UNDERLYING CONDITION lost.	10000
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING FORTIC STEWS/S & INSCRIPTION CONDITION CAUSING IT.	PFICIENCY
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE IN CERTIFYING CAL	FINDINGS CONSIDERED
	U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily modical examiner)  21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?	e City, give exoct locotion)
	21D. TIME (Month) (Doy) (Yoor) (Hour) 21E. INJURY OCCURRED While At Work 21F. HOW DID INJURY OCCUR?	
	22. I certify that (I) (this hospital) attended the deceased from 5 AVVVSJ 19 65 to	Y AUGUST1965.
	that (I) (we) last saw the deceased alive on	nion death occurred on the date
	and hour and from the couses stoted obove. (I) (Well did) (did not) view the body offer deoth.	238. DATE SIGNED
	M.D. Attending Med. Stell Phys. Stell Phys	14 AUGUST1965
	23C. PHYSICIAN'S NAME (Typo) THOMAS LAW M.D. 23D. ADDRESS USPHS HOSPITAL	BALTMARE
	REMOVAL (Specily)	ty, town, or county) (Stote)
	Burial 8-17-65 Dowings Cemetery Oak Hall, Virgi	ADDRESS
I	AUG 16 1965 Pour & Falling O Howard H. Hubbard-4107 W	Jilkens Avenue-21229
	VS 150-REV. 1/1/65	



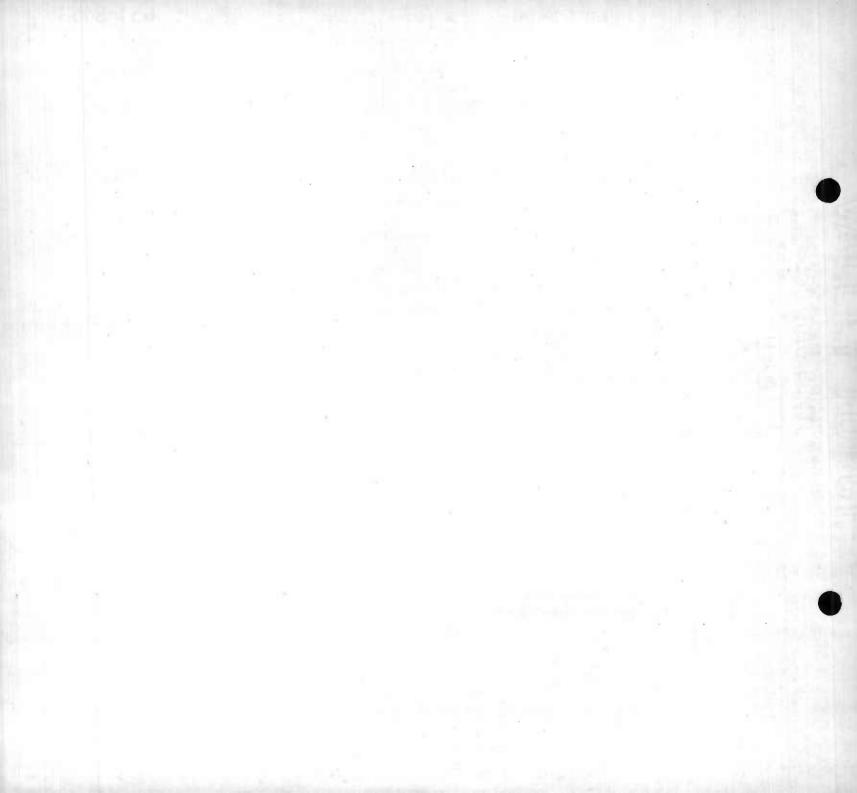
BALTIMORE CITY HEALTH DEPARTMENT

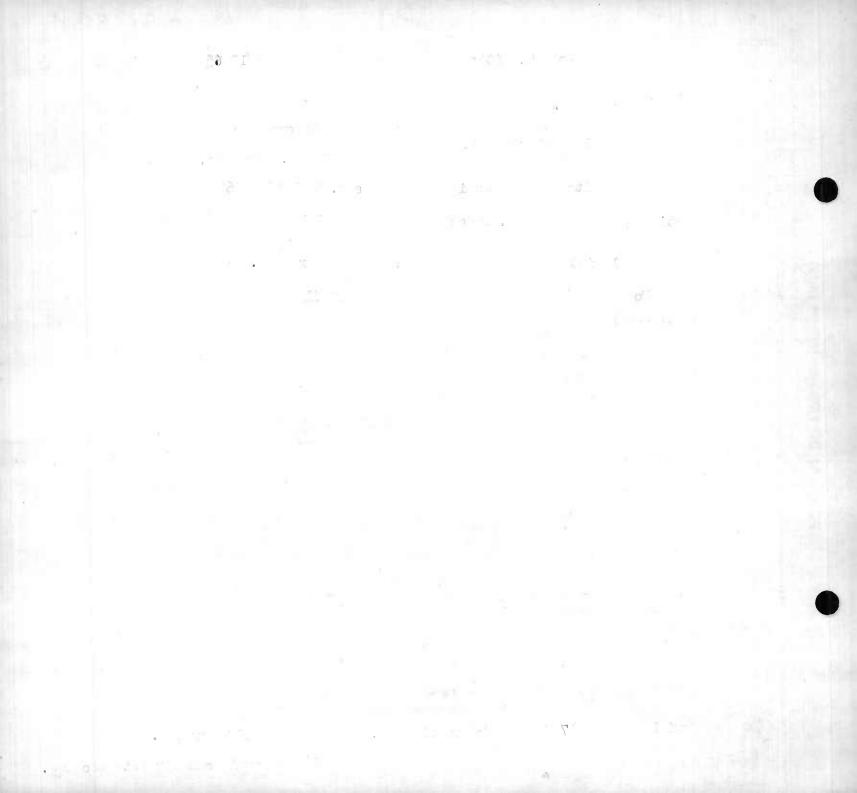


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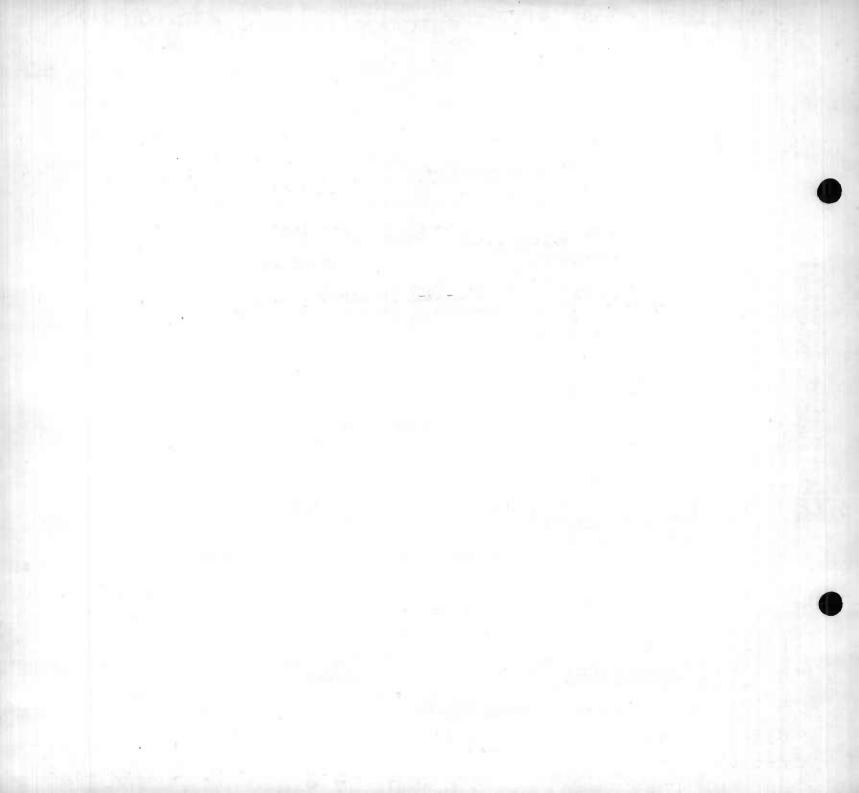
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	65 8453	BALTIMORE CIT	Y HEALTH DEPARTMENT		65 8453
BIRTH NO.	00 0400	CERTIFICA	TE OF DEATH	Registered Na.	65 8453
M.E. CASE NO.	A SED /	1 1/ 0	2. DATE AL	NO HOUR OF DEATH	
(Type or Print)	Charles 11	, progles	a	ug /2/	965 M.
3. PLACE OF DEAT	TH IN BALTIMORE, MARYLAN	0	4. USUAL RESIDENCE (Whe	re deceosed lived. If in	nstitution: residence before odmission)
FULL NAME OF		itution, give street	md		5 4 0
HOSPITAL OR	oddress or locotion)	7)0	C. CITY OR TOWN (If ou		RURAL and give township)
0 0	2415 arbs	elen bull	D. STREET ADDRESS OF	rutal, give location)	
		30	2415 ar	las ten (	Que!
5. SEX 6		ARRIED, NEVER MARRIED DOWED, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr., If Under 24 Hrs. Months: Doys Hours: Min.
Male	W	Vidawed .	dept15,1891	73	
	PATION (Give kind of work 10B, KI orking life, even if retired)	IND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (Stote or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
124	0. /	Tairond	Md.		
13. FATHER'S NAMI	E / /	11/	14. MOTHERS MAIDEN NA	ME	
0	Velleamle	J. Kughes	Bertha	Tall	
(Tes, no or unknown)	Ever in U. S. Armed Forces? (If yes, give wor or dotes of se	ervice) 1 6. SOCIAK SECURITY NO.	17. INFORMANT		ADDRESS
no			Daniely		Same
1B. 42	0. / 1	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	OR CONDITION DIRECTLY		unear di	as incl	Oat to
(This does no	I mean the mode of dying,	e.g., DUE TO	A		
	sthenia, etc. It means the di lication which coused death.			Cardio	neer
AI	NTECEDENT CAUSES	DUE TO	END TIEFO NO	(4/01/01	0951000
	CONDITIONS, if ony,	giving			
	above couse (A) slating	g lhe (C)			
-	11		,		
F TO THE DEA	ATH BUT NOT RELATED	BUTING TO THE	theno. c		
	ONDITION CAUSING IT.	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or N	o) 20B. IF TES, WERE	FINDINGS CONSIDERED
0	WAS PERFORME		no	IN CERTIFYING CA	USES OF DEATH?
OR CONTRIBUT	T WAS UNDERLTING TING CAUSE OF	218. PLACE OF INJURY (e.g.,	in or about 21 C. WHERE DID office bldg., INJURT OCCUR?	(If in Bottimore	e City, give exact location)
	medical examiner)	etc.)			
OF INJURT	(Month) (Doy) (Teor) (Hou		21F. HOW DID IN.	IURY OCCUR?	
(APPROX)		While At Work	le 🗌	(1.10	
22. I certify t	hat (I) (this hospital) atte	nded the deceased fram	oncen	1964 10 01	gent 1965
that (I) (we) I	ast sow the deceased aliv	re an Cup o	196 J and 11	nat in (my) (our) api	nlan death accurred an the date
and hour and	from the causes stated ab	ove. (I) (We) (dld) (did not)	view the bady after death.		
234. SIGNATUR	E	0	tending and had a	Ct-II	23 B. DATE SIGNED
1	-00 10.	M.D. A	ys. Med. Director	Stoff Phys.	2/13/67
23C. PHTSICIAN NAME (Typ	S DIA	CTT	23D. ADDRESS	9.1	C R
	VT	M.0	2001	, 7111	WELTH D'
REMOVAL (Sp		24C. NAME of CEMETERY or C	REMATORT 24D. 1	OCATION (C	ity, town, or county) (State)
Dures	ax 8/16/63	111 Olive	et Bo	allemore	- Md.
ALIC 1 C	1965 (P. O	AME OF REGISTRAR	25C. FUNERAL DIRECTO	137 0-	ADDRESS 2/5
AUU 16	1303 (11) 0001	ALCULARUP IN	O MUSICIA	o d J/ far	aperco we
/S 150-REV. 1/1/65					1





VS 150-REV. 1/1/65



23C. NAME of CEMETERY or CREMATORY

24B, NAME OF REGISTRAR

23D. LOCATION

(Mrs) Frances A. Hemsley

24C. FUNERAL DIRECTOR

Baltimore.

(Stote)

De W. Biddle St

Md

ADDRESS

(City, town, or county)

23A, BURIAL CREMATION.

24A. DATE REC'D BY HEALTH DEPT.

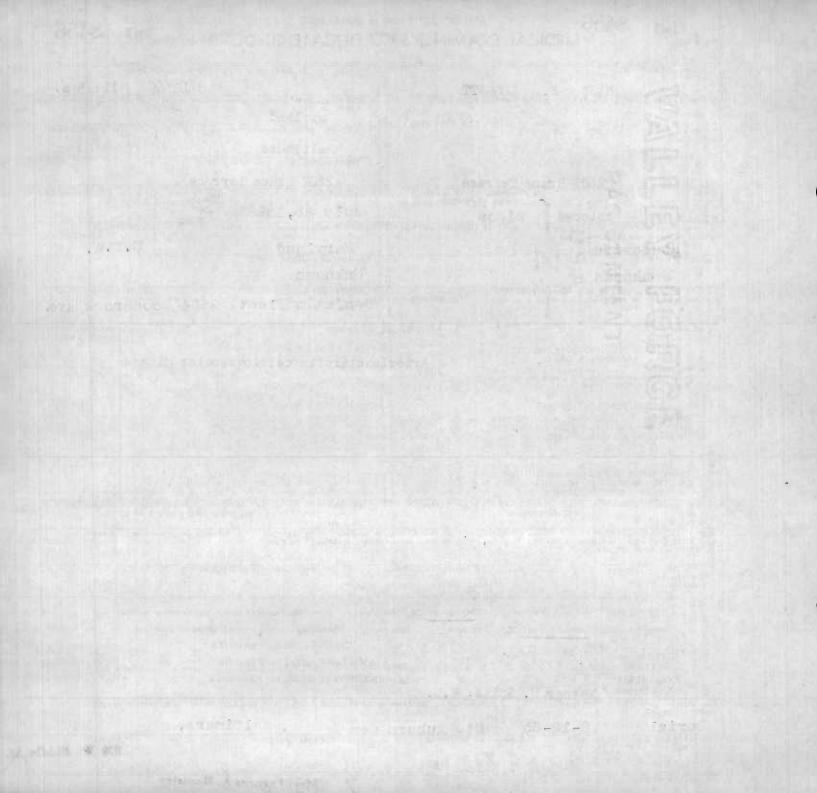
REMOVAL (Specify)

Burial

VS 151-REV. 1/1/65

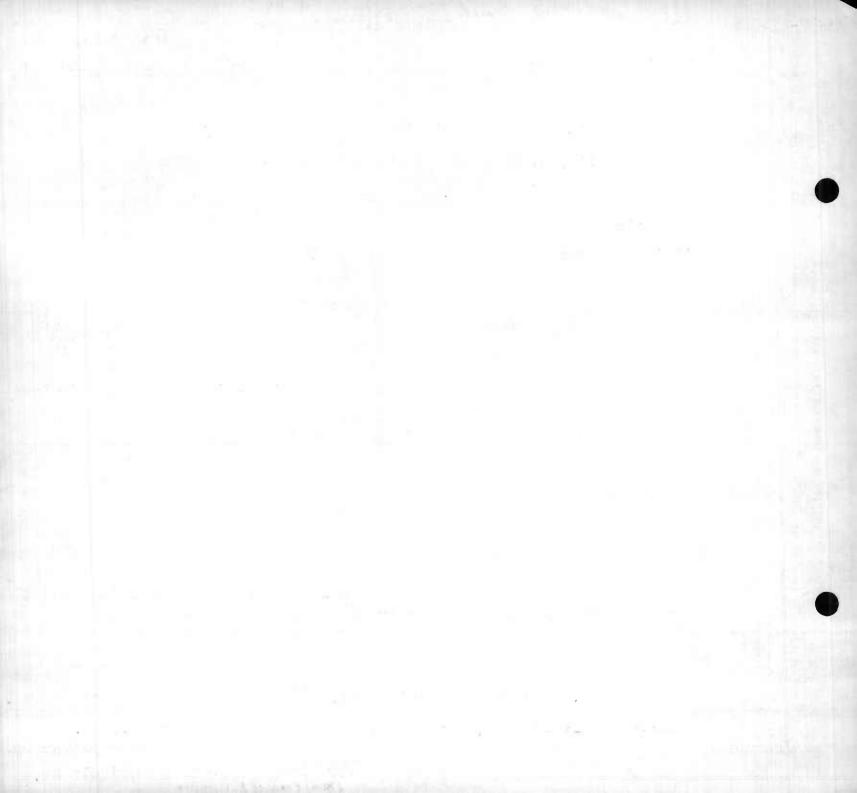
23B. DATE

8-12-65



(Mrs) Frances A. Hemsley

VS 150-REV. 1/1/65



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	O A S E E
FUNERAL DIRECTOR: IMPORTANT	pproved by the chief medical examiner or his assistant if death occurred in a hospital and the hospital by a medical examiner. Also, if the direct or contributing cause of death any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such sobtained before the remains are embalmed or final disposition is made.
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
	- + V > V >

	CE OA	50	BALTIMORE CIT	HEALTH DEPARTMENT	6	CE DAME
BIRTH NO.		159	CERTIFICA	TE OF DEATH	Registered Na.	8459
M.E. CASE NO	DEÇEASED	1		2. DATE A	ND HOUR OF DEATH	
(Type or Print)	HUDGINS	///	THER I.	8-B-		SAILEN O
. PLACE OF	DEATH IN BALTIMORE, MA	RYLAND	11.20	4. USUAL RESIDENCE (Whe	ere deceased lived. If ins	stitution: residence before amission
				A. STATE B. COUN	NTY	9-11-
HOSPITAL O		or institution	give street	18/6)		100
INSTITUTION				C. CITY OR TOWN (If ou	otside city limits, write R	URAL and give township)
		-	A . 1	PHUID		
11/10	AV HOSDI	1/4/	INC	D. STREET ADDRESS	rurol, give location)	A
1461	0/ //00/		77.0	1607 Che	llen poe	<i>'</i>
. SEX	6. RACE		D, NEVER MARRIED ED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost bighday)	If Under 1 Yr. If Under 24 Hr Months Doys Hours Min.
M	W	11	ED, DIVORCED (specify)	12.24-07	Tost office of	Notinis Days Hours Nin.
A. USUAL O	CCUPATION (Give kind of work	108. KIND	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote fore	eign country	12. CITIZEN OF
pae during mos	of working lile, even in alired)	Mar	tin Marietta			WHAT COUNTRY?
OECL	IXII Y OFFICE		Corp.	14. 0.		10. S. A.
FATHER'S	NAME /			14. MOTHER'S MAIDEN NA	14.	
MON	RDE HUDG	71NS		EVANOECIA	NO HUD	GINS
. Wes Decee	sed Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT	00 /1.	ADDRESS
es, no or unkn	sed Ever in U. S. Armed For	s of service)	27 5 SECHOT 36.63		Hudgine 16	07 Chilton St.
no			~	PILO MIGHET T	madgins 10	of ourtroup or
18. 3	32 XI		CAUSE C	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DIS	EASE OR CONDITION DIR	ECTLY	C			
	LEADING TO DEATH		(A) On	cephalo ma	lasia	4
	s nat meen the mode of tre, asthenio, etc. It means		DUE TO			***************************************
injury er	cemplication which caused	deeth,)	Co	0 1	The line	
	ANTECEDENT CAUSES			euras 12	momorace	
DISEASES	OR CONDITIONS, if	onv nivin	DUE TO		~	
	the obove ceuse (A)					
UNDERLY	ING CONDITION last.		***************************************			••••••••••••••••••••••••••••••••••••••
	II				,	
V TO THE	GNIFICANT CONDITIONS C DEATH BUT NOT RELA	ONTRIBUTIN	1G			
DISEASE	OR CONDITION CAUSING I		nc			
	OF OPERATION 198. CON	DITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes or No	20 B. IF YES, WERE FI	NDINGS CONSIDERED
	WAS PERF	CKIVIED			IN CERTIFYING CAU	SES OF DEATH!
J 21A. ACCI	DENT WAS UNDERLYING		B. PLACE OF INJURY (e.g.,	n or obout 21C. WHERE DID	(If in Boltimore	City, give exoct locotion)
DEATH (no	RIBUTING CAUSE OF bify medical examiner)	ho		ffice bldg., INJURY OCCUR?		
١				015		
OF INJURY	(Month) (Doy) (Year)		E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROX.)			hile At Not Whi	e		
22. 1	ify that (1) (this hospital			tura 4	19 65 to Ol	10 /3 10/01
						19.64
					nat in (my) (our) opin	iun death occurred on the de
ond hour	ond from the couses stat	ed obove.	(1) (We) (did) (did not)	view the body ofter death.		
23A. SIGNA	ATURE	7	1.0			23B. DATE SIGNED
KI	encelo 11.	11111	111 lie M.D. Att	ending Med.  S. Director	Staff Phys.	8212/10
23C. PHYSI	CIAN'S -	any		23D. ADDRESS	rnys.	0/13/6
NAMI	C(AN'S (Type)	- "	441.26	PIT DAV	1101- 7	- c cm-
	KUPERIO	141	INANKILM.D.	MEKCY	1465P111	AL INC
AA. BURIAL C	REMATION 248. DATE	24C. N	AME of CEMETERY of CR	EMATORY 24D. L	OCATION (City	, town, or county) (Stote)
		065	001+im		Doltimon	15.
Burial	8-17-1		Baltimore	25C FUNERAL DIRECTOR	Baltimore,	Md.
AUG	16 1965 Reg	A CAM	OF PEGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
MUU	I U 1000 Ulokier	7	5500	G. Howard, Str	ong 3207 W	. North Ave.,
/S 150-REV. 1.	/1/65					

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Ruperto Manualis MERCY HOSPITAL INC

artery has live years Kinding Miller J. U. August by his to stagest it was

VS 150-REV. 1/1/65

VS 151-REV. 1/1/65

H.W. Jenkins & Sons Co. 4905 York Rd.

Balto.12, Md.

IMPORTANT

FUNERAL DIRECTOR:

VS 150-REV. 1/1/65

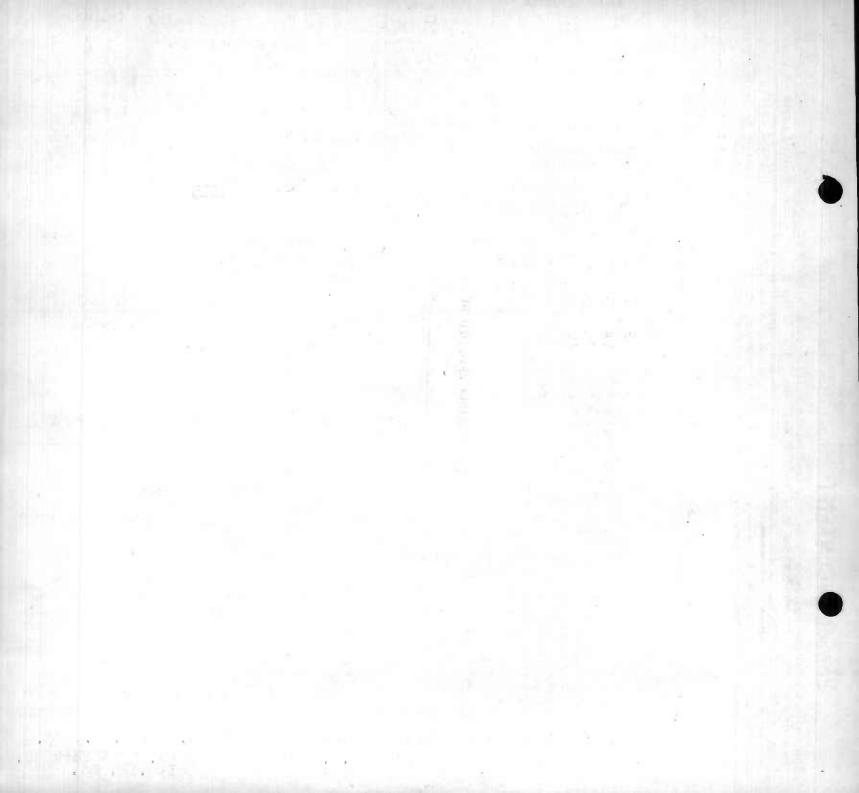
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BIRTH NO.

VS 150-REV. 1/1/65

IMPORTANT

FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT

Registered Na.

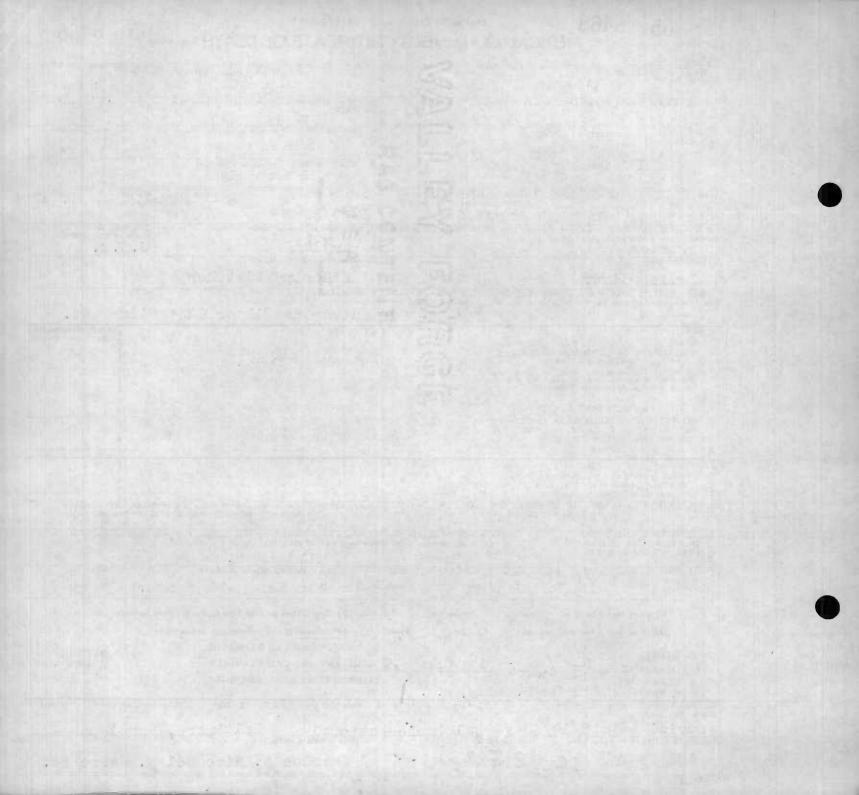
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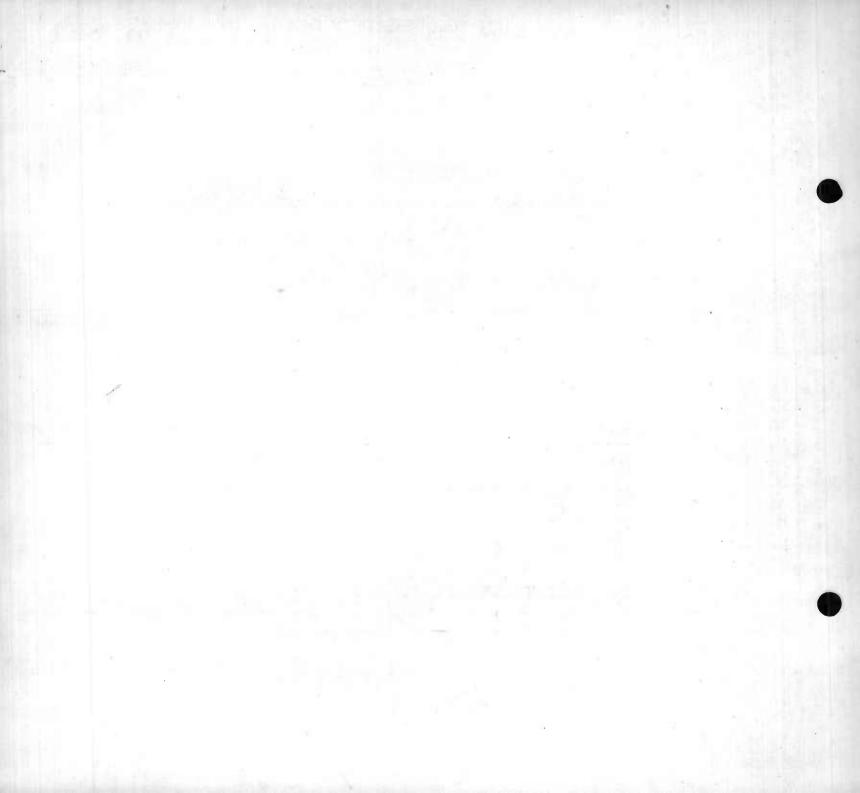
INTERVAL BETWEEN

ONSET AND DEATH

vs 153 signed by funeral director

	CAL EXAMINER'S C	ERTIFICATE OF DEAT	H Registered No. 0400		
M.E. CASE NO.  1. NAME OF DECEASED		2. DATE AND HOUR	PRONOUNCED DEAD		
(Type or Print) JONATHA	N OLIVER	August 12			
3. PLACE IN BALTIMORE, MARYLAND, W		4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission B. COUNTY  Maryland			
HOSPITAL OR ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STREET (TION)	C. CITY OR TOWN (If outside corporor Baltimore	le limits, write RURAL ond give township)		
2211 Eutaw Place		D. STREET ADDRESS (If rurol, give local 2211 Eutaw Place			
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	lost	GE (In years If Under 1 Yr. If Under 24 Hr. Months, Doys, Hours, Min.		
Hare Negro	Married	12/9/39	24		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Porter	108. KIND OF BUSINESS OR INDUSTR	Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME			
Louis Oliver		Katherine Fletcher			
15. WAS DECEASED EVER IN U.S. ARMED		17. INFORMANT	ADDRESS		
(Yes, no or unknown) (If yes, give wor ar date	s of service) SECURITY NO. 216-34-9216	Katherine Oliver	1134 Wilmer Ct.		
118.7		OF DEATH	INTERVAL BETWEEN		
(This does not meon the mode of heori foilure, asthenia, etc., It meons injury or complication which coused  ANTECENDENT CAUSE  DISEASES OR CONDITIONS, IF A RISE TO THE ABOVE CAUSE (A) ST UNDERLYING CONDITION LAST.	S (B)				
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REI DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. CON	LATED TO THE				
WAS PER	FORMED	Yes	TEYING CAUSES OF DEATH? Yes		
Q1A, EXTERNAL CAUSE WAS UNDERLYING SOR CONTRIB- UTING □ CAUSE OF DEATH.	etc.)	in ar about 21C. WHERE DID (If in Bolt office bldg., INJURY OCCUR?			
21D TIME (Month) (Day) (Year	House (Hour) 21E. INJURY OCCURRED	2211 Eutaw Plac			
OF INJURY 8 12 65		WHILE X Shot during al			
22. I certify that I held an	ngulry Inspection Au	tapsy 🛮 and that an this basis	, death in my apinian		
resulted fram: Natural car	uses Accident Duicid	le Hamicide X Undeterr	nined manner .		
		CHIEF MEDICAL EXAMINE	R DATE SIGNED		
ACTUAL SIGNATURE	all I lelly M.D	ASSISTANT MEDICAL EXAMINE	R → 8/12/65		
EXAMINER'S	S. Petty, M.D.	ASSOCIATE MEDICAL EXAMINE			
23A. BURIAL CREMATION, 23B. DATE REMOVAL (Specify)	23C. NAME OF CEMETERY	or CREMATORY 23D. LOCATION	(City, tawn, or county) (Stote)		
Burial 8/16/	65 Baltimore	Vational Balti	more, Maryland		
	& E. Farley M.A.		e 661 W. Barre St.		
VS 151-REV. 1/1/65	3 5 6 7 6	7000			





7/29/65

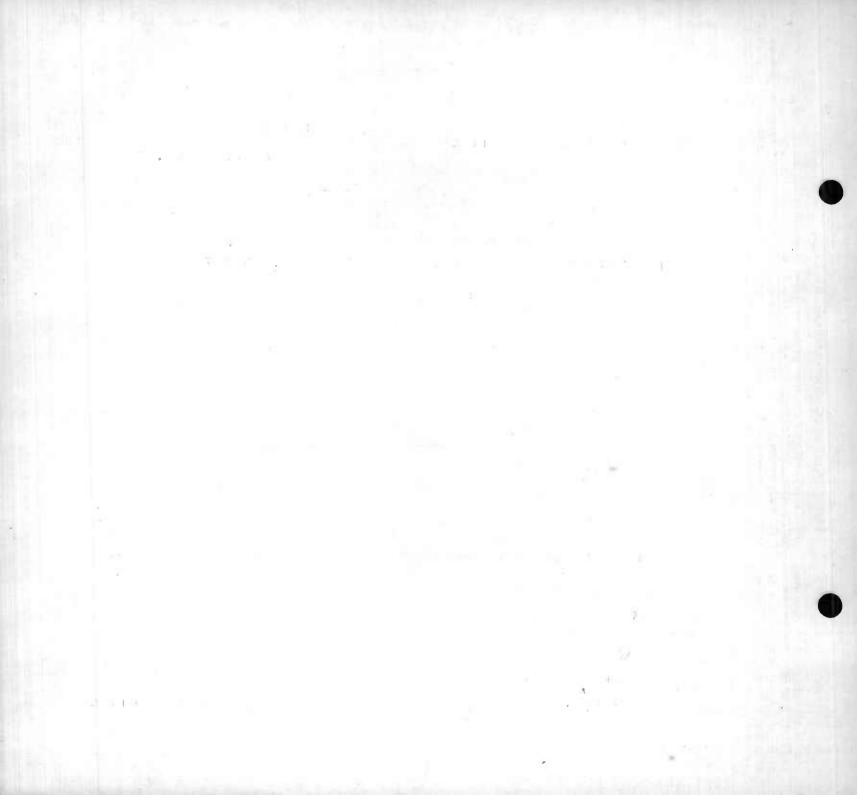
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DIRECTOR:

FUNERAL

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT



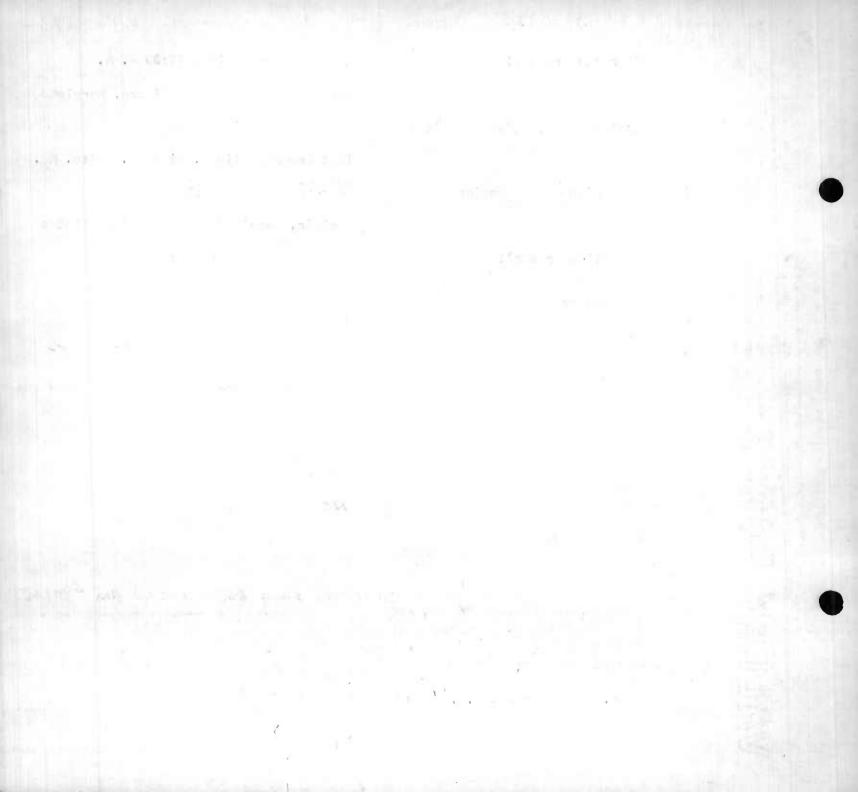
IMPORTANT

DIRECTOR:

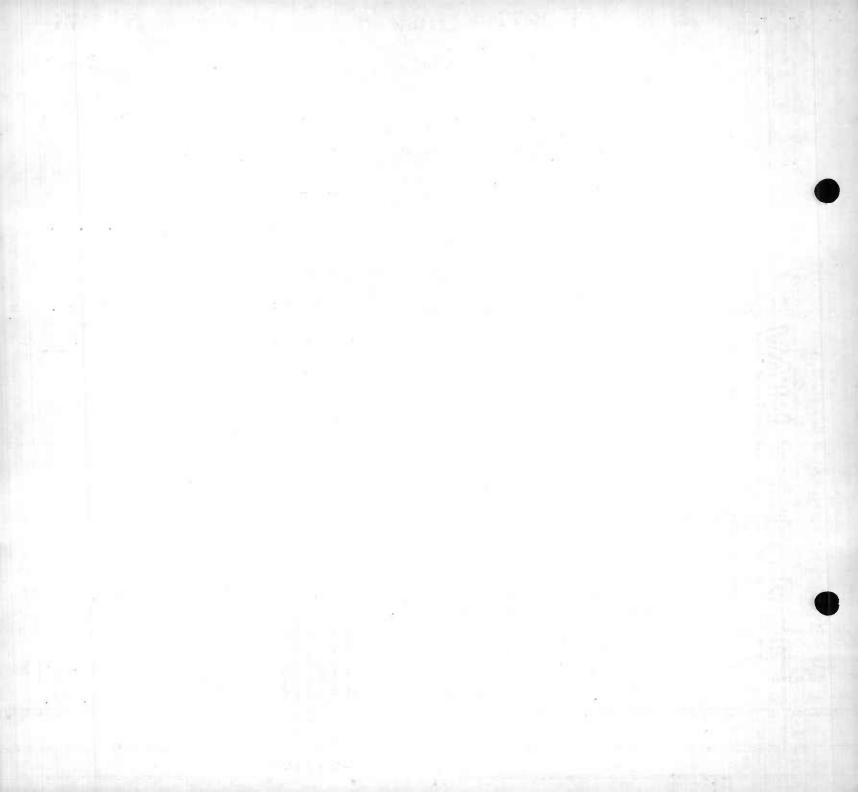
FUNERAL

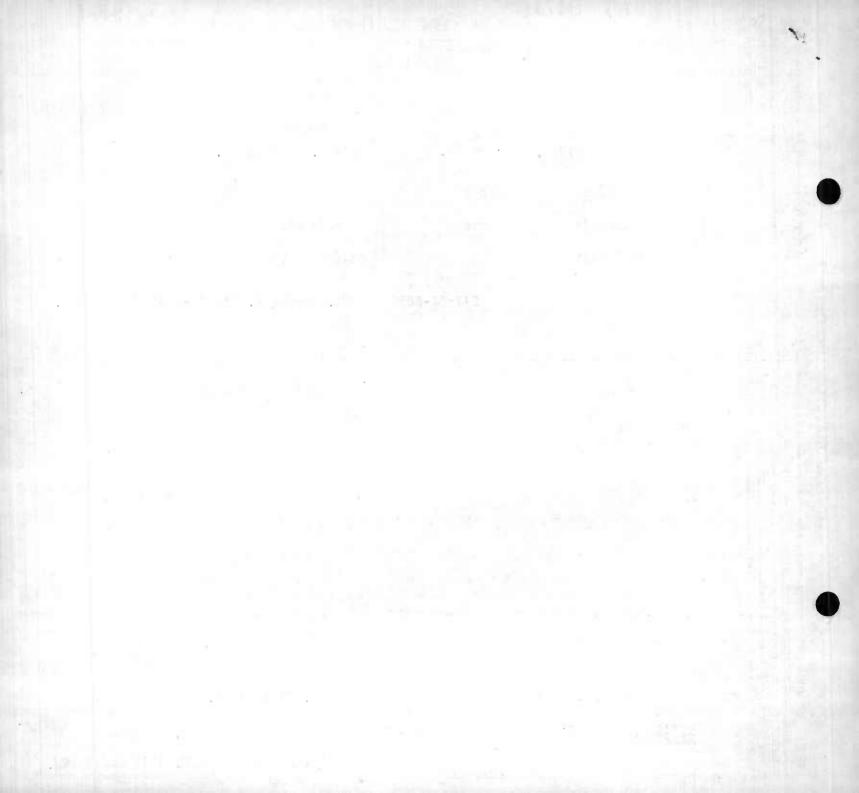
V\$ 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT



PULL NAME OF CITY Hospitals  4940 Eastern Avenue  Baltimore, Maryland #21224  5.5EK  Male  Negro  Single  7. MARRIED, NEVER MARRIED Wildower, Divorceto (specify)  Single  Single  Single  Negro  Single  Negro  Single  14. Mothers Maiden Name  Maryland  12. Citrion Town (If outside city limits, with RURAL and give township)  Baltimore  D. STREET ADDRESS (If true), pive location?  14-04 Hempel Court #21202  15. SEK  Male  Negro  Single  Negro  Negro  Single  Negro  Single  Negro  Single  Negro  Negro  Single  Negro  Single  Negro  Negro  Single  Negro  Negro  Negro  Single  Negro  Negro  Single  Negro  Negro  Single  Negro  Negr	TULL NAME OF defens a location	SC + D	M.E. CASE NO 1. NAME OF D (Type or Print)	DECEASED	-1+-m			AND HOUR OF DEAT	
INSTITUTION Bal timore City Hospitals  4940 Eastern Avenue  Baltimore  14040 Eastern Avenue  Baltimore  Baltimore  Do STREET ADDRESS (If two, give location)  1404 Hempel Court #21202  1404 Hempel Court #21202  15. SEK  Male  Negro  Negro  Negro  Noting les  Male  Negro  Noting les	MOSTITAL OR all timore City Hospitals 4940 Eastern Avenue Baltimore, Maryland #21224  5. SEK Male Negro  TOA. USUAL OCCUPATOR(Give kind of work 108 Kind of Business or Industry)  TOA. USUAL OCCUPATOR(Give kind of work 108 Kind of Business or Industry)  TOA. USUAL OCCUPATOR(Give kind of work 108 Kind of Business or Industry)  TOA. USUAL OCCUPATOR(Give kind of work 108 Kind of Business or Industry)  TOA. USUAL OCCUPATOR(Give kind of work 108 Kind of Business or Industry)  TOA. USUAL OCCUPATOR(Give kind of work 108 Kind of Business or Industry)  TOA. USUAL OCCUPATOR(Give kind of work 108 Kind of Business or Industry)  TOA. USUAL OCCUPATOR(Give kind of work 108 Kind of Business or Industry)  Maryland  14. MOTHERS MAIDEN NAME  15. Wes Decessed Ever in U. S. Amed Forces?  16. SOCIAL  TORROW III outside city limits, winto Rule And give township)  TOA. USUAL OCCUPATOR(Give kind of work 108 Kind of Work 108 Kind of Business or Industry)  Maryland  15. Wes Decessed Ever in U. S. Amed Forces?  16. SOCIAL  TO DISEASS OR CONDITION DIRECTLY  LEADING TO DEATH  DISEASS OR CONDITION DIRECTLY  LEADING TO DEATH  CAUSE OF DEATH  ON TORROW III outside city limits, winto Rule And Decessed (Industry)  J. ANTECEDENT CAUSES  DUE TO  DISEASS OR CONDITION DIRECTLY  LEADING TO DEATH  ON TORROW III outside city limits, winto Rule And Decessed (Industry)  J. ANTECEDENT CAUSES  DUE TO  TO THE DEATH BUT NOT RELATED TO THE  Decubitus Ulcers  TO THE DEATH BUT NOT RELATED TO THE  DECUBITUS Ulcers  DISEASS OR CONDITIONS CONTRIBUTING  TO THE DEATH BUT NOT RELATED TO THE  DECUBITUS Ulcers  DISEASS OR CONDITION CAUSEOF OR MICH OF REATHON  WAS PERFORMED  J. A. ACCIDENT WAS UNDESTRIBLED TO THE  DECUBITUS Ulcers  DISEASS OR CONDITIONS CONTRIBUTING  TO THE DEATH BUT NOT RELATED TO THE  DECUBITUS Ulcers  DISEASS OR CONDITIONS CAUSE OF MICH OF REATHON  WAS PERFORMED  J. A. ACCIDENT WAS UNDESTRIBLED TO THE  DECUBITUS Ulcers  DISEASS OR CONDITIONS CAUSE OF MICH OF REATHON  WAS PERFORMED  J. A. ACCIDENT WAS UNDESTRIBLED TO THE  DECUBITUS OF THE DEATH BUT NOT	S) Dece nce on eath.	3. PLACE OF	DEATH IN BALTIMORE, M	aryland .	Horsley	4. USUAL RESIDENCE A. STATE B. CO	UST 4 196 Where decoosed lived, If	Institution: residence before admis
HO40 Eastern Avenue Baltimore, Maryland #21224  5. SEK Male Negro  Negro  Naryland #21224  5. SEK Male Negro  Negro  Naryland  Naryl	4-940 Eastern Avenue Baltimore, Maryland #21224	cause; (5) Diatrendance	HOSPITAL C	OR oddress or locoti	on)		C. CITY OR TOWN (I	outside city limits, writ	o RURAL and give township)
S. SEX   S. RACE   NABREED, NEVER MARRIED, No. 10	S. SEK Male Negro   Ne	# io	(	4940 Easte	rn Aven	ue	D. STREET ADDRESS	(If rural, give location)	#21202
The Distance of the Distance o	ADDRESS  To Disease or Conditions, if any, giving lise to the above couse (A) stoling health of stoling in the above couse (A) stoling health of the above couse (B) Disease or Conditions constituting to the above couse (A) stoling health of the above couse (B) Disease or Condition causing the above couse (C) Disease or Conditions constituting to the above couse (A) stoling health of the above couse (B) Disease or Condition causing the above couse (C) Disease or Condition cau	Maa		6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH		
13. FATHERS NAME  14. MOTHERS MAIDEN NAME  15. Wor. Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (III yes, give wor or dolos of service)  16. SOCIAL SECURITY NO.  17. INFORMANT  RECORDS: BCH: 4940 Easterh Ave. 3  INTERVAL BETWEEN ONSET AND DEATH  LEADING TO DEATH  (This does not mean the mode of dying, e.g., healt foilure, ostherio, etc. II means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving itse to the bove cause (A) stoling the UNDERLYING CONDITION lost.  10  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DECUBITUS UICETS  DISEASE OR CONDITION CAUSING IT.  10  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING OR CONDITION CAUSING IT.  10  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING OR CONDITION CAUSING IT.  10  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING OR CONDITION OR WHICH OPERATION  19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 199. CONDITION CAUSE OF DEATH?  20  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTION OR CONTRIB	13. FATHER'S NAME  14. MOTHER'S MADEN NAME  15. Wes Dacested Ever in U. S. Armed Forces? (res, no or unknown) or u	1			rk 108, KIND OF		11. BIRTHPLACE (State or	foreign country)	WHAT COUNTRY?
The state of the s	The state of the		13. FATHER'S	NAME				NAME	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meen the mode of dying, e.g., heal foilure, ostherio, etc., it means the disease, injury of complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving itse to the understance of the death of the	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meen the mode of dying, e.g., heal foliule, osthemio, etc., il means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving itse to the above couse (A) stoling the UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITION SCONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION  WAS PERFORMED  OR CONTRIBUTING OR CONDITION TO THE LATED TO THE DISEASE OR CONDITION CAUSING IT.  DO THE DEATH WAS UNDERLYING OR CONDITION FOR WHICH OPERATION  OR CONTRIBUTING CAUSES OF DEATH?  OR CONTRIBUTING CAUSE OF DEATH?  OR CONTRIBUTING CAUSE OF DEATH?  OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)  218. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID (If in Boltimoro City, give exact location) home, form, foctory, street, office bidg., INJURY OCCUR?  OF INJURY (APPROX.)  22. I certify that (I) (this hospital) ottended the deceased from May 24, 19 65 to August 4, 19 65		5. Was Decea (Yes, no or unkn	sed Ever in U. S. Armed F own) (If yes, give wor or do	orces? tos of service)				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OF CONDITION CAUSING IT.  19A. DATE OF OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSES OF DEATH?  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH?  21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID OR CONTRIBUTING CAUSE OF DEATH?  21D. TIME (Month) (Doy) (Yoor) (Houd) 21E. INJURY OCCURRED  21D. TIME (Month) (Doy) (Yoor) (Houd) 21E. INJURY OCCURRED  21F. HOW DID INJURY OCCUR?	Decubitus Ulcers    19A. Date of Operation   19R. Condition for which Operation   20A. Autopsy? (Yes or No)   20B. If yes, were findings considered in Certifying Causes of Death?    19A. Accident was underlying   21B. Place of Injury (e.g., in or obout 21C. Where DID or Contributing   Cause of Death (notify modical examinar)   21B. Place of Injury occurred   21D. Time (Month) (Doy) (Yoor) (Hour)   21E. Injury occurred   21F. How did injury occur?    21D. Time (Month) (Doy) (Yoor) (Hour)   21E. Injury occurred   21F. How did injury occur?    22L. I certify that (I) (this haspital) attended the deceased from May 24, 19 65 to August 4, 19 65	ician who kas in regulations are em	DISEASES	ANTECEDENT CAUSE  OR CONDITIONS, if the above couse (A KING CONDITION last,	d deoth.) S any, giving	(B)			***************************************
OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?  DEATH (notify modical examinar)  21D. TIME (Month) (Day) (Yoar) (Hour) 21E, INJURY OCCURRED 21F, HOW DID INJURY OCCUR?	OR CONTRIBUTING CAUSE OF DEATH (notify modical examinar)  21D. TIME (Month) (Doy) (Yoar) (Hour)  21E. INJURY OCCURED While At Not While (APPROX.)  22. I certify that (I) (this haspital) attended the deceased from May 24. 19 65 to August 4. 19		OTHER SITO THE DISEASE	OR CONDITION CAUSING	ATED TO THE	Dec			FINDING CONSIDER
DEATH (notify modical examinar) (etc.)  21D. TIME (Month) (Doy) (Yoor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	DEATH (notify modical examinar)  21D. TIME (Month) (Doy) (Yoor) (Hour)  21E. INJURY OCCURRED  While At Work  22. I certify that (I) (this hospital) attended the deceased from May 24. 19 65 to August 19 65.		21A. ACC	WAS PE	RFORMED	PLACE OF INJURY (e.g., in	Nor obout 21C. WHERE DI	O (If in Boltim	
	22. I certify that (I) (this haspital) attended the deceased from May 24, 19 65 to August 4, 19		DEATH (no	otify modical examinar	Hour 21 &	INJURY OCCURRED	21F. HOW DID		
that (I) (we) lost sow the deceased alive on August 4, 19 65 and that in (my) (our) apinion death occurred on the ond haur and from the abuses stated above. (I) (We) (did) (did nat) view the body after death.			22, I cert	we) lost sow the decea	sed alive on	August 4,	19 65 one	thot in (my) (our) a	pinion death occurred on the
that (I) (we) lost sow the deceased alive on August 4. 19.65 and that in (my) (our) apinion death occurred on the ond haur and from the chuses stated above. (I) (We) (did) (did nat) view the body ofter death.  23A. SIGNATURE  August 4. 196  August 4. 196	August 4. 196		22. I cert that (I) (v ond haur 23A. SIGN/	ond from the dauses st	sed alive on	August 4, (We) (did) (did not) v	19 65 one	thot in(my) (our) a	pinion death occurred on the
that (I) (we) lost sow the deceased alive on August 4, 1965 and that in (my) (our) apinion death occurred on the ond haur and from the abuses stated above. (I) (We) (did) (did nat) view the body ofter death.  23A. SIGNATURE  August 4, 196  23C.PHYSICIAN'S NAME (Type)  Dr. Donald Baltzan  M.D. 4940 Eastern Avenue Baltimore, Md.	August 4, 196  23C. PHYSICIANS NAME (Type)  Dr. Donald Baltzan  M.D. Affending   Phys.   August 4, 196  23D. Address  Dr. Donald Baltzan  M.D. 4940 Eastern Avenue Baltimore, Md.		22. I cert that (I) (v ond haur 23A. SIGN/	ond from the douses st ATURE  CIANS E (Type)  Dr. Dona	ated obove. (I)	August 4,  (We) (did) (did nat) v  . M.D. Atte	19 65 one of the body ofter deconstanting Med. Size Director 223D. ADDRESS	thot in(my) (our) a th.  Stoff Phys. X	238 DATE SIGNED August 4, 196
that (I) (we) lost sow the deceased alive on August 4, 1965 and that in (my) (our) apinion death occurred on the ond haur and from the dauses stated above. (I) (We) (did) (did nat) view the body ofter death.  23A. SIGNATURE  Attending Med. Director Phys. X August 4, 196  23C. PHYSICIAN'S NAME (Type)  Dr. Donald Baltzan  M.D. 4940 Eastern Avenue Baltimore. Md.	August 4, 196  23C. PHYSICIAN'S NAME (Type)  Dr. Donald Baltzan  M.D. Affending Med. Director Stoff Phys. X  August 4, 196  23D. Address  Dr. Donald Baltzan  M.D. 4940 Eastern Avenue Baltimore Md.  24A. BURIAL CREMATION, 24B. DATE REMOVAL (Spocify)  ALIG 16 1965		22. I cert that (I) (v ond haur 23A. SIGNA 23C. PHYSI NAM	ond from the douses st ATURE  CIANS E (Type) Dr. Done CREMATION, 24B. DATE AL (Spocify)	ald Balt	August 4,  (We) (did) (did not) v  M.D. Atte Phy  Zan M.D.  ME of CEMETERY or Ch	19 65 one of the body ofter deconstanting Med. Size Director 223D. ADDRESS	thot in(my) (our) a th.  Stoff Phys. X	238. DATE SIGNED August 4, 196 Saltimore, Md.

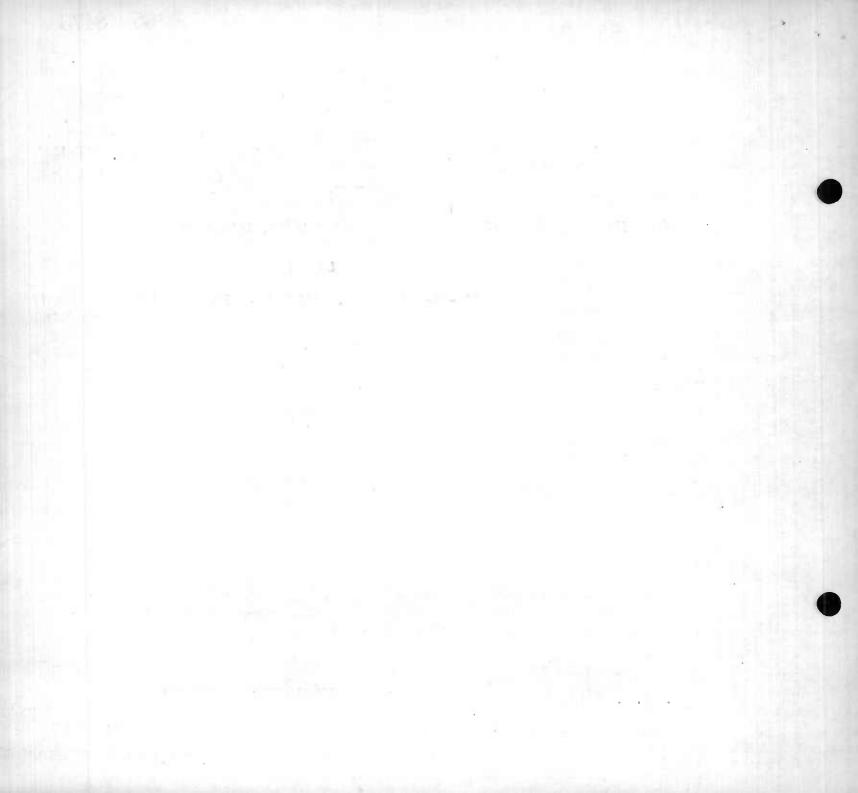


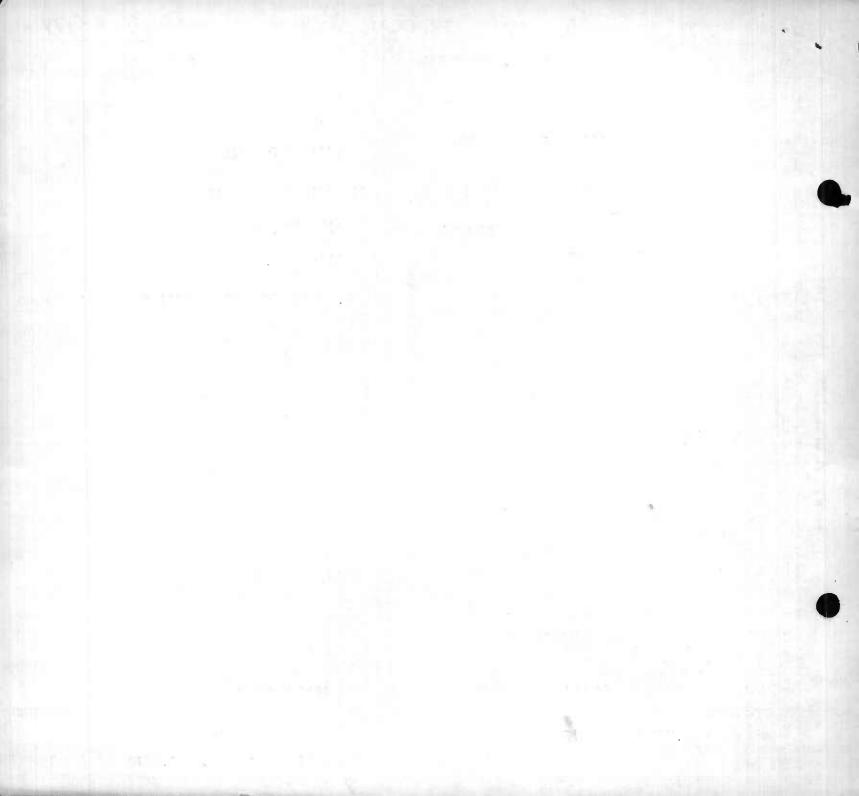


	BALTIMORE CITY HEALTH DEPARTMENT	
M.E. CASE NO. 65 8475	CERTIFICATE OF DEATH Registered	0.5 0475
(Type or Print)	William Fink Clin 15/65	8A- M
3. PLACE OF DEATH IN BALTIMORE, MARYLAN	A. USUAL RESIDENCE There decoased lived	I. If institution: residence before admission)
FULL NAME OF (If not in hospital or inst HOSP(TAL OR oddress at lacensh)		write RURAL and give township)
173/ 1/202	D. STREET ADDRESS 1 IF TUTOL, give lagorith	on)
	1731 Park U	aline
Male White	ARRIED, NEVER MARRIED  8. DATE OF BIRTH  9. AGE (In years  INTOWED, DIVORCED (specify)	If Under 1 Yr. If Under 24 Hrs. Manths Doys Haus Min.
10A. USUAL OCCUPATION (Give kind of work 10B. I dane during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY 11. BIRTHALA CE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHERS MAME	Wap Dulampe, no	U 715A
Salamon Fr	ule. Cerelia?	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no ar ugknawn) (If yes, give war or dates of s	SELVICE) 16. SOCIAL SECURITY NO. 17. INFORMANT	AND RESS
18, / 3 / 1	CAUSE OF DEATH	2224 Vark Une
DISEASE OR CONDITION DIRECTL LEADING TO DEATH	Y 2 . 00	ONSET AND DEATH
(This does not mean the made of dying heart failure, asthenia, etc. It means the d	g, e.g., DUE TO	g. 3-mo.
injury ar camplication which caused death	h.)	
DISEASES OR CONDITIONS, if any,	DUE TO giving	
rise to the above cause (A) statis UNDERLYING CONDITION last.	ng lhe (C)	
OTHER SIGNIFICANT CONDITIONS CONTR		
DISEASE OF CONDITION CAUSING II.	1 3 plan / con last	WERE FINDINGS CONSIDERS
WAS PERFORM	ED IN CERTIFYING	G CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	218.PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Bo home, farm, factory, street, office bldg., INJURY OCCUR? etc.)	Iltimore City, give exact lacolian)
OF INJURY (APPROX.)  (Month) (Day) (Year) (Hor	ui) 21E. INJURY OCCURED 21F. HOW DID INJURY OCCUR?  While At At Work At Work	
22. I certify that (I) (this has all ) atte	5/6/14	8/15 1965
that (1) (wa) last saw the deceased ali	bave. (1) (Wa) (did) (did) (did) view the bady after death.	pintan death accurred on the date
23A. SIGNATURE		238, DATE SIGNED
23C. PHYSICIAN'S	M.D. Attending Med. Director Staff Phys. 23D. ADDRESS	8/16/65
NAME (Type) N.R. FREE!	MANJR. M.D. 11 W. 29th S	1
24A. BURIAL CREMATION, 24B. DATE	24C NAME of CEMETERY OF CREMATORY 24D. COCATION	(City, town, or county) (State)
25A, DATE REC'D BY HEALTH DEPT. 25B. I	NAME OF REGISTRAR   25C. FUNERAL DIRECTOR )	Appress 11
AUG 17 1965 P. C. 6 8	Faligue Sal-Alunson & Olin	-6010 Resot and
VS 150-REV. 1/1/65		

A-smentiers - F. 15 15 1/2 -19 IN 18 NR FREENANTR II IV DETEST

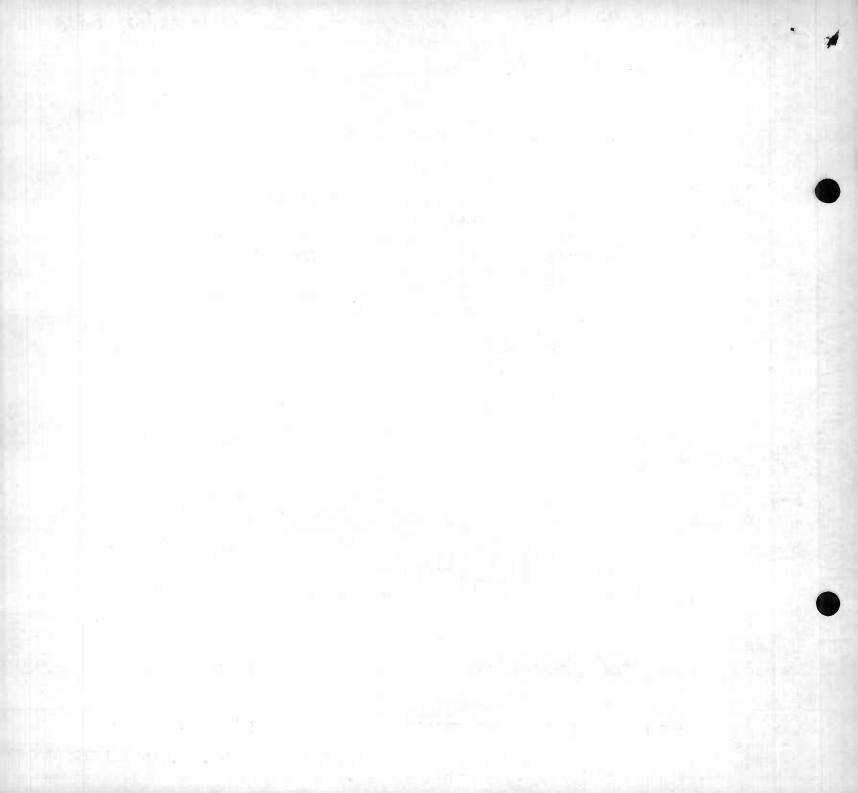
e.g., DUE TO OUE TO OUE TO OUE TO OUE TO	4. USUAL RESIDENCE (YA. STATE B. CO. MAR. C. CITY OR TOWN (HE BAL D. STREET ADDRESS TEM B. DATE OF BIRTH 8-4-98  Y 11. BIRTHPLACE (Stole of NEW ORLEANS)  14. MOTHER'S MAIDEN  BILLIE  17. INFORMANT	RYLAND If outside city limits, write  IIMORE (If rurol, give location)  IPLE GARDEN  P. AGE (In years lost bighday)  foreign country)  6. LOUISIANA NAME  HABER  FOX 3900 N CF	INTERVAL BETWEEN ONSET AND DEATH  I An . (5 musi
AL  RIED, NEVER MARRIED DWED, DIVORCED (specify)  I DOW D OF BUSINESS OR INDUSTRY  AT HOME  16. SOCIAL SECURITY NO. 216-01-3545  CAUSE C  (A) DUE TO  Ving	BALD. STREET ADDRESS TEM  B. DATE OF BIRTH  B-4-98 Y 11. BIRTHPLACE (Stote of NEW ORLEANS) 14. MOTHER'S MAIDEN  BILLIE  17. INFORMANT  MRS. MILTON  OF DEATH  ENTHELLA	RYLAND If outside city limits, write  IIMORE (If rurol, give location)  IPLE GARDEN  P. AGE (In years lost bighday)  foreign country)  6. LOUISIANA NAME  HABER  FOX 3900 N CF	APTS. APT 1206  If Under 1 Yr. If Under 24 Hrs Months Days Hours Min.  12. CITIZEN OF WHAT COUNTRY?  USA  ADDRESS  HARLES ST APT 1200  INTERVAL BETWEEN ONSET AND DEATH  I.M. 15 Must.
RIED, NEVER MARRIED DWED, DIVORCED (specify)  I DOW D OF BUSINESS OR INDUSTRY  AT HOME  16. SOCIAL SECURITY NO. 216-01-3545  CAUSE COMMENTO  (A) DUE TO  Ving	B. DATE OF BIRTH  B-4-98  Y 11. BIRTHPLACE (Stote of NEW ORLEANS)  14. MOTHER'S MAIDEN  BILLIE  17. INFORMANT  MRS. MILTON  ENTHELIAN  OF DEATH  ENTHELIAN  My o enabled	(If rurol, give lototion)  PLE GARDEN  9. AGE (In years lost bighday)  foreign country)  E. LOUISIANA  NAME  HABER  FOX 3900 N CH  Fibullalyi  Infanctum	APTS. APT 1206  If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.  12. CITIZEN OF WHAT COUNTRY?  USA  ADDRESS  HARLES ST APT 1206  INTERVAL BETWEEN ONSET AND DEATH  I.M. 15 Must.
DOWED, DIVORCED (specify)  I DOW  D OF BUSINESS OR INDUSTRY  AT HOME  ice)  1 6. SOCIAL SECURITY NO. 2 16-01-3545  CAUSE C  (A) DUE TO  ving	8-4-98 Y 11. BIRTHPLACE (STOTE OF NEW ORLEANS) 14. MOTHER'S MAIDEN BILLIE 17. INFORMANT MRS. MILTON TO DEATH ENTHELLAL MY O CASHAL	foreign country)  5. LOUISIANA NAME HABER  FOX 3900 N CH  Fibullalyi  Infancture	ADDRESS  HARLES ST APT 1200  Interval Between Onset and Death  I. M. 15 must
AT HOME  1 6. SOCIAL SECURITY NO. 216-01-3545  CAUSE CO. (A) DUE TO  Ving	NEW ORLEANS 14. MOTHERS MAIDEN BILLIE 17. INFORMANT MRS. MILTON 1 OF DEATH ENTHERLAN  My o carshiel	HABER FOX 3900 N CH Fibillalini Infanction	ADDRESS HARLES ST APT 1206 INTERVAL BETWEEN ONSET AND DEATH I Ju. 15 mm.
e.g., Pose, (B) Due to	BILLIE 17. INFORMANT MRS. MILTON 1 OF DEATH ENTHEULAN MY O CARShiel	HABER FOX 3900 N CH Fibrillatyri Infaction	INTERVAL BETWEEN ONSET AND DEATH
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e.g., DUE TO OUE TO OUE TO OUE TO OUE TO	Entricular Myo carshiel	U	1 In . 15 min
		200277444	
JTING THE OF WHICH OPERATION	20 A. AUTOPSY? (Yes o	or No.) 208. IF YES, WERE	FINDINGS CONSIDERED
218. PLACE OF INJURY (e.g., home, lorm, foctory, street, cetc.)			re City, give exact location)
21E. INJURY OCCURRED  While At Work  At Work	nile 🗇	INJURY OCCUR?	
an August 16 ve.(1)(We) (did) (did nat)		d that lu(my) (aur) apl	Inlan death accurred an the da
Ph	23D. ADDRESS	Stoff Phys. PKINS HOSPITAL	238. DATE SIGNED 8/16/65
C. NAME of CEMETERY or CF	REMATORY 241		City, town, or county) (State)  MARYLAND
	21B. PLACE OF INJURY (e.g., home, lorm, foctory, street, etc.)  21E. INJURY OCCURRED  While At Not Whork  At Work  an At Work  M.D. A. Ph  M.D. A. Ph  C. NAME of CEMETERY or C	218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DI home, form, foctory, street, office bldg., INJURY OCCU etc.)  21E. INJURY OCCURRED  While At Not While At Work  ed the deceased fram an August 16 your on one. (II) (We) (did) (did not) view the bady after deceased from Director 123D. ADDRESS M.D. 120HNS HO)  C. NAME of CEMETERY of CREMATORY 24  HEBREW FRIENDSHIP	218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bidg., INJURY OCCUR?  21E. INJURY OCCURED  While At Not While At Work  an At Work  At Work





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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such Written approval must be obtained before the remains are embalmed or final disposition is made.
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	₹ 0

65 84'78	BALTIMORE CITY	HEALTH DEPARTMENT		05
IRTH NO.	CERTIFICA	TE OF DEATH	Registered No.	65 8478
N.E. CASE NO. NAME OF DECEASED		2. DATE AND	HOUR OF DEATH	
ype or Print) VARMAN 10	1/1/5			111.500.
PLACE OF DEATH IN BALTIMORE, MARYLAND	013	4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceased lived. Il insti	tution: residence belore admission
FULL NAME OF (If not in hospital or institution				10 F
FULL NAME OF (If not in hospital or institution HOSPITAL OR oddress or location) INSTITUTION	on, give sneer	C. CITY OR TOWN (If outs	ide city limits, write RU	RAL and give township)
	n 14005	BALTIMOR D. STREET ADDRESS (If to		52-00
SINAI HOSPITALOF B	ALTITORE	D. STREET ADDRESS (If to	irol, give location)	400
		3516 MAR	YVALE	RP #7
	ED, NEVER MARRIED WED, DIVORCED (specify)	B. DATE OF BIRTH	AGE (In years	If Under 1 Yr. II Under 24 Hr Months: Doys Hours Min.
	NIDOWED	//: 70 FE . = 2.5 F . = 1	80	
USUAL OCCUPATION (Give kind of work 10B, KIND during most of working life, even if retired)		11. BIKTETLACL foreig	n country)	12. CITIZEN OF WHAT COUNTRY?
BUTCHER	STORE	RUSSIA		U.S.A
FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E	U13. A
DAVID KORMAN		FREIDA ?		
Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
es, no or unknown) (If yes, give wor or dotes of service	e) SECURITY NO.	MR. GEORGE JACOB	C 2514 MADI	
NO		MK. GEURGE JACUE	03 3310 MAK)	VALL KUAU
18. 163X I	CAUSE	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	<u></u>	1		
LEADING TO DEATH (This does not mean the mode of dying, e	(A) C	ung CARE	MOMA	8 MONTH
hearl failure, asthenio, etc. It means the disea				
injuly of complication which caused death.)	(9)			
ANTECEDENT CAUSES	DUE TO	######################################	07 40 80 40 40 40 00 mais é à 60 00 Carana ana ana 4 manara	
DISEASES OR CONDITIONS, if ony, giverise to the obove cause (A) stating				
UNDERLYING CONDITION last.	lhe (C)	***************************************		
II II				
OTHER SIGNIFICANT CONDITIONS CONTRIBU				
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	THE			
19A. DATE OF OPERATION 19B. CONDITION FO WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208, IF YES, WERE FIN	IDINGS CONSIDERED
O NA A COLONIA WAS UNDERLANDED	210 01 4 05 05 1411104/	1 1010 101505 015	07 1 8 12	
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., i home, lorm, foctory, street, o	ffice bldg., INJURY OCCUR?	Ut in Boltimore C	City, give exact location!
	etc.)			
U OF INTILIES	21E. INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
(APPROX.)	While At Not Whi At Work			
22. I certify that (I) (this haspital) ottende	d the decensed from A	V6. 14. 1965 10	to AUG	-UST 15 10 65
that (1) (we) lost saw the deceased alive of				
			t in (my) (our) opinio	an deoth occurred on the de
ond haur and from the couses stated above	. (I) (We) (did) (did not)	view the bady ofter deoth.		•
23A. SIGNATURE		andian — Adad — 6		3B. DATE SIGNED
Herbert tellerm	M.D. All	ending Med. S	hys.	aug. 15. 1968
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	1/	
HOPREDT F	-//ERMAN) M.D.	Sus	HOSO, TO	
14. BURIAL CREMATION, 248. DATE 240	NAME of CEMETERY OF CR	EMATORY 24D. LO	CATION (City,	town, or county) (State)
BURTAL (Specily) 8/16/65	BETH TFILOH	B	ALTIMORE, MA	RYLAND
		OSO FILLIANA		4 Pa
SA. DATE REC'D BY HEALTH DEPT. 25B. NAM	AE OF REGISTRAR	SOL LEVINSON &	BROS. INC. 60	10 REISTERSTOWN
AUG 17 1965 ( 0 1 9)	FA OLINA DO	0 7 0 0 0		
100 001/ 1/1//0	4 . 473	1.0		



BALTIMORE CITY HEALTH DEPARTMENT Registered No BIRTH NO. CERTIFICATE OF DEATH Deceased death M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) 4. USUAL RESIDENCE (Willere deceased leved. If institution: FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) (If outside city limits, write RURAL and give township) INSTITUTION D. STREET ADDRESS MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 His. WIDOWED, DIVORCED (specify) Months Doys Hours lost birthdovi aVVIP 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY LACE (State or foreign country) disposition done during most of working life, even if retired) ornev 15. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) ADDRESS 6. SOCIAL SECURITY NO. a CAUSE OF DEATH INTERVAL BETWEEN B ONSET AND DEATH DISEASE OR CONDITION DIRECTLY APPROVED LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. II means the disease, injuly at camplication which coused death.) ANTECEDENT CAUSES TION DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stoling the UNDERLYING CONDITION last. FUNERAL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE, FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? renaus cultioun before 21A. ACCIDENT WAS UNDERLYING TO 218. PLACE OF INJURY (e.g., in or obout 21 %. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? OR CONTRIBUTING CAUSE OF DEATH (notify medical examined 7 hospital °Z MEDICAL nome 21 D. TIME (Month) (Doy) 9 (Yeor) (Hour) 21E, INJURY OCCURRED 21 F. HOW DID INJURY OCCUR OF INJURY Not While (APPROX) AUG At Work AUG 22. I certify that (1) (this hospital) attended the deceased from .... . 19 that (1) (we) lost sow the deceased alive on. ond that Int(my) (our) opinion death occurred on the date ond hour and from the causes stated above. (t) (We) (did) (did not) view the body after death. 23A. SIGNATURE 238, DATE SIGNED Attending Med. Director Phys. 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS (1n100) KANG FAN, 24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CREMATORY (City, town, or county) REMOVAL (Specily) Baltinone 805 ADDRESS 25A, DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR VS 150-REV. 1/1/65

65 8480 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered \$ 8480

BIRT	H NO.	M	EDICAL EX	CAMINER'S CE	RTIFICATE	OF D	EATH Registe	red(N5_	8480
_	CASE NO.								
1. N	NAME OF D				2. DA		HOUR PRONOUNCE		
, , , ,	,	EDW.	ARD <sub>T</sub>	KELLY		Aug	gust 12, 196	5	6:30 P
3. P	LACE IN BA	LTIMORE MARYLAN	D, WHERE PRONOL	JNCED DEAD	4. USUAL RESIDENCE A. STATE Mary		deceased lived. If insti B. COU	itution: resid	dence befare admissio
FUL	L NAME OF	(IF NOT IN HE	OSPITAL OR INSTITU	JTION, GIVE STREET	C. CITY OR TOWN		carparate limits, write	RURAL or	id give township)
	TITUTION				Balt:	imore	2	20	2011
2	31	11 S. Sharp	e Street		D. STREET ADDRESS	(If rural,	give lacation)	<u> </u>	
					311 8	s. Sh	arpe Street	:	
5. S	EX	6. RACE		NEVER MARRIED DIVORCED (specify)	8. DATE OF BIRTH		9. AGE (In years		1 Yr. If Under 24 Hr Days , Hours , Min.
1	Male	White			12-25-1908		EC		
				TO SINESS OR INDUSTRY	11. BIRTHPLACE (Stole	ar fareigi	n Country)	12. CITIZI	EN OF T COUNTRY?
_	Handy M	of working life, even if re lan	rired)		Baltimore,	Md.			
	FATHER'S NA				14. MOTHER'S MAIDEN				
	Th	omas Kelly			Cather	ine	Murray		
	WAS DECEA	SED EVER IN U.S. A		16. SOCIAL	17. INFORMANT		I L w.j	ADDRESS	
Yes	Yes	vn) (If yes, give wor o		SECURITY NO. 218-10-4097	Miss Mary E.	. Dox	zen. 410 E.	28th	St. Balto.
	10	1	al 4				,		INTERVAL BETWEEN
	1B. 4-	0,01		CAUSE	OF DEATH				ONSET AND DEATH
	DISE	ASE OR CONDITIO						1000	
	(This does	LEADING TO D		(A) Arter	iosclerotic	Hear	t Disease.		
	heart failu	s not mean the mo- re, osthenio, etc. It complication which co	meons the disease,	DUE TO					
	Infory or c	complication which co	osea deam.						
		ANTECENDENT C	AUSES	( D)					
		S OR CONDITIONS		DUE TO					
		THE ABOVE CAUSE							
Z				(C)					
Ĭ		- 1							
<b>IFICATION</b>		GNIFICANT CONDIT							
H	DISEASE	OR CONDITION CA	USING IT.	120200000000000000000000000000000000000			******************************		
CERTI	19A. DATE	OF OPERATION 198.	S PERFORMED	WHICH OPERATION			20B. IF YES, WERE FILL IN CERTIFYING CAU		
	ol				Yes				Yes
		GOR CONTRIB-	21 B.	PLACE OF INJURY (e.g., i	n ar about 21C. WHERE	E DID (	If in Baltimore City, gi	ve exact la	ication)
		USE OF DEATH.	etc.)	, 10111, 100101, 1					
~	21D TIME	(Month) (Day)	(Yeor) (Hour) 2	IE INJURY OCCURRED	21F. HOW D	DINI DK	RY OCCUR?		
	OF INJURY	(10.0)							
			m. V	WHILE AT NOT W	ORK				
	22.	ertify that I held a	n Inquiry	Inspection Aut	apsy X and tha	t an thi	s basis, death In n	ny apinia	n
	ras	ulted fram: Natur	al causes X	Accident Suicide		7 (	Indetermined mann	er	
	, , , ,		/	//	CHIEF MEDIC				
	ACTU	AL (	1 - 1 1	1					DATE SIGNED
	SIGNA	TURE	nailes 1	M.D.	ASSISTANT MEDIC				8/13/65
		(Type) Char	les S. Pet	tv. M.D.	ASSOCIATE MEDIC	CAL EX	(AMINER		
23A	BURIAL C			C. NAME of CEMETERY o	CREMATORY	23 D. L	OCATION (City,	, tawn, or	county) (State)
	MOVAL (Spec	cify)		alto. Nationa			ederick Ave		
	Burial						CUCITOR WAS		
244	A. DATE REC	D BY HEALTH DEPT.	24B, NAME	OF REGISTRAR	24C. FUNERAL DI	RECTOR		- 1	ADDRESS
	AUG 1	7 1965 1 0	2 4 0 7.	A	Flynn & F	lemi	ng, 1422 Li	ght St	. Balto.
V/5	LIAM T		Je 17 6	NKather -	1-2	4	37		
A 2	151-REV. 1/	1/03	a we will	may 1		2 3			

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BALTIMORE CITY HEALTH DEPARTMENT DICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. BIRTH NO. M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD IRIS WHITE August 12, 1965 4:45 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD Maryland FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ADDRESS OR LOCATION HOSPITAL OR INSTITUTION West River D. STREET ADDRESS (If rurnl, give location) Johns Hopkins Hospital 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr, If Under 24 Hrs. WIDOWED, DIVORCED(specify) lost birthdoy Months, Doys , Hours , Female Negro 6 10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTR 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) MOTHER'S MAIDEN NAME 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES SECURITY NO. (Yes, no or unknown), (If yes, give wor or dotes of service) ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Craniocerebral Injury. (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)\_ CATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE CERTIFI DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, CONDITION FOR WHICH OPERATION 20A, AUTOPSY? (Yes of No.) 20B, IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? No 21A, EXTERNAL CAUSE WAS UNDERLYINGXOR CONTRIB-UTING CAUSE OF DEATH. 218, PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Boltimore City, give exact location) home, form, factory, street, office bldg., INJURY OCCUR? Street Rt. 468 and 214, A.A.County 21F. HOW DID INJURY OCCUR? 21D TIME 21E. INJURY OCCURRED (Doy) OF INJURY NOT WHILE X (APPROX.) 65 Passenger in auto which ran off roadway Inspection X Autopsy and that on this basis, death In my opinian I certify that I held on Inquiry Accident X resulted from: Natural causes Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL M.D. ASSISTANT MEDICAL EXAMINER X 1 elly SIGNATURE 8/13/65 ASSOCIATE MEDICAL EXAMINER EXAMINER'S Charles S. Petty M.D. NAME (Type)

23A. BURIAL CREMATION,

VS 151-REV. 1/1/65

23C. NAME OF CEMETERY OF CREMATORY

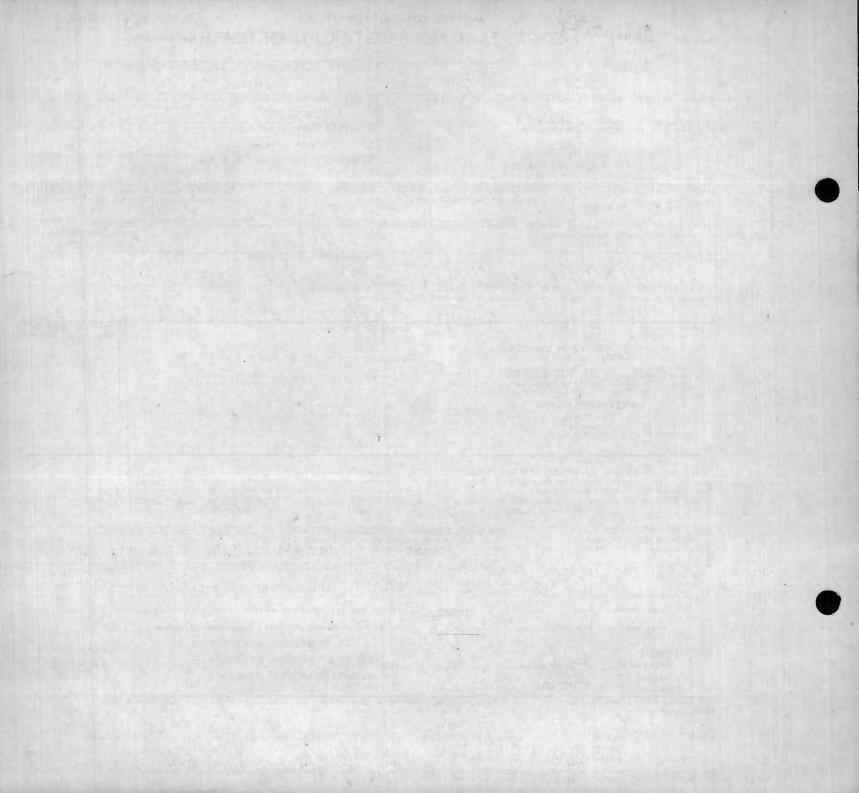
23 D. LOCATION

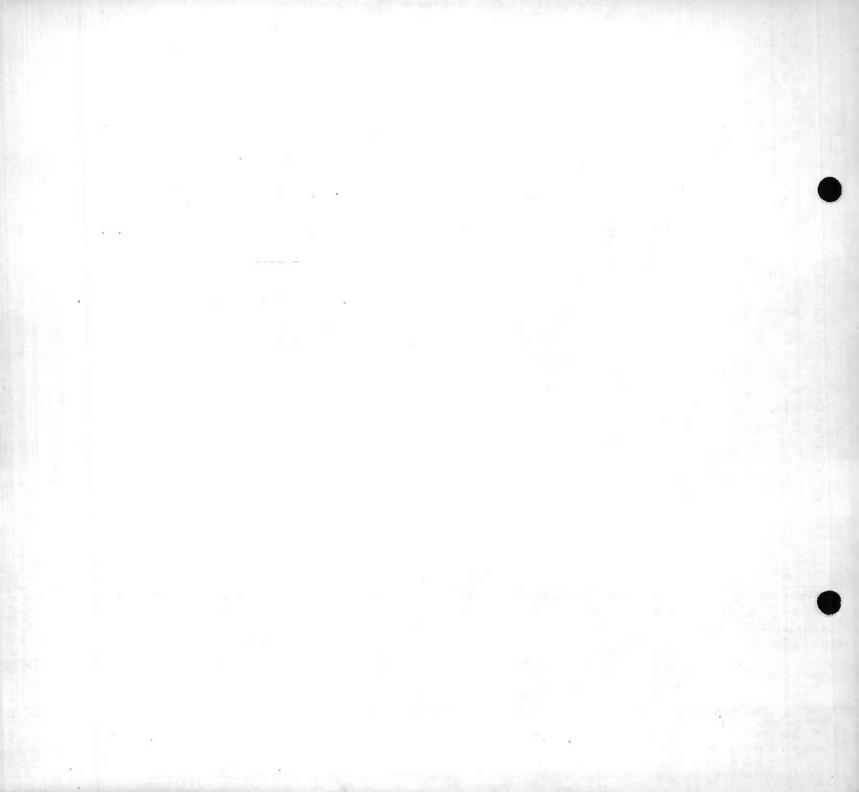
REMOVAL (Specify) 248 NAME OF REGISTRAN

24C, FUNERAL DIRECTOR

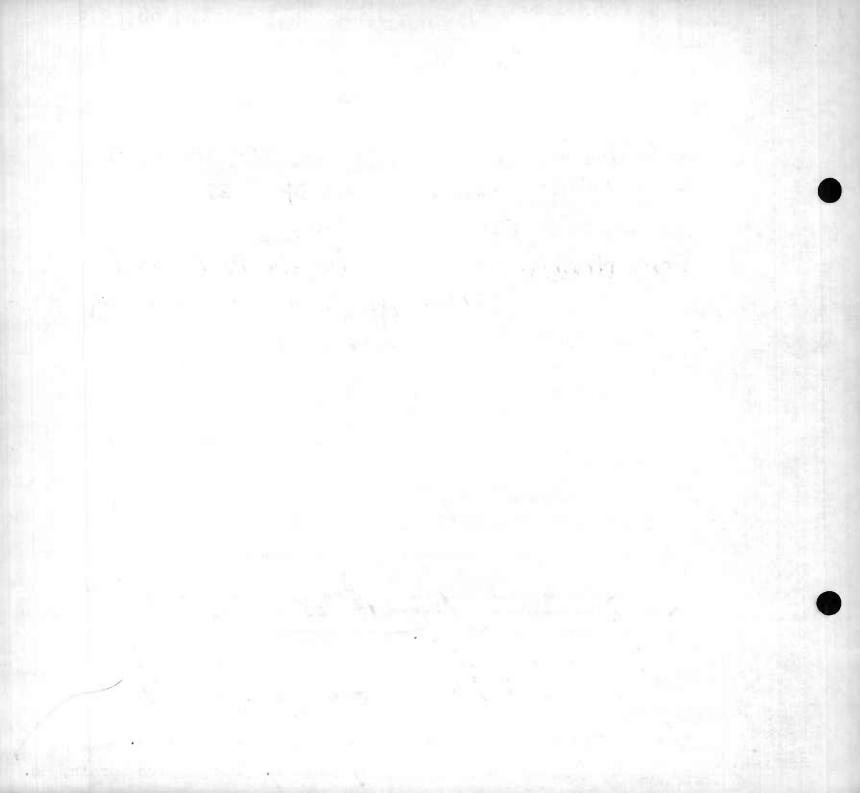
(City, town, or county)

Stote)





	65 84	100		HEALTH DEPARTMENT		65 8400
BIRTH N			CERTIFICA	TE OF DEATH	Registered No.	00 0483
	ASE NO.  E OF DECEASED  Print)	2 1/12	1	2. DATE A	ND HOUR OF DEATH	, 40
3. PLA	CE OF DEATH IN BALTIMORE N		Louis	4. USUAL RESIDENCE (W	14 16 2	nstitution: residence before admission)
				A. STATE B. COU	INTY	$\Im$
HOS	PITAL OR oddress or local	ol or institution, g ion)	ive street	C. CITY OR TOWN (If o	ALTO ·	RURAL and give lownship
NSI	ITUTION			BALTIMOR		
D	C 11			D. STREET ADDRESS	f turol, give location)	D /
100	ON SECOURS H	SPITAL			EST HILLS	•
``i\	ALE WHITE	WIDOWED	NEVER MARRIED, DIVORCED (specify)	12 8 84	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	UAL OCCUPATION (Give kind of writing most of working lile, even if retired		BUSINESS OF INDUSTRY	11. SIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
J	RETIRED -	LLC	THING	Italy		ITALY
13. FAT	HER'S NAME	O		14. MOTHER'S MAIDEN N.	A. D	/-
	-ERDIDIAMI		LLA	HMAELA	M- 1 A1	MIENI
15. Wos (Yes, no	orunknown) (If yes, give wor or de	otes of service)	1 6. SOCIAL SECURITY NO.	17. INFORMAN	0	ADDRESS
			216-03-072	FRNON	9-0554G	12N/HAPELLATELA
1 B.	72010		CAUSE O	FDEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DEAT		40	TERIOS c/200 fic	Heart Dist	41,
(Th	is does not mean the made	of dying, e.g.,	DUE TO	regus eparte	Weller Just	w. \
	art failure, asthenia, etc. It mea ury ar camplicalian which caus					
	ANTECEDENT CAUS	ES	(B)	***************************************		
	SEASES OR CONDITIONS, if		501.10			
	e la lhe abave cause (A NDERLYING CONDITION last.	d) stating the	(C)	00000000000000000000000000000000000000		9 <del>0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0</del>
	11				N - 1	
	HER SIGNIFICANT CONDITIONS					
V DI	SEASE OR CONDITION CAUSING	G IT.	HICH OPERATION	20A. AUTOPSY? (Yes or I	Vall 208 IE VES WEBE	FINDINGS CONSIDERED
ERTIFIC 16 V	WAS P	ERFORMED	THICH OFERATION	AU OFSI: (Tes of )	IN CERTIFYING CA	AUSES OF DEATH?
U 21 A	ACCIDENT WAS UNDERLYING	21B.	PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	(If in Boltimo	re City, givo exoct locotion)
& DE	CONTRIBUTING CAUSE OF ATH (notify medical examine)	hom etc.)	o, form, foctory, street, o	fice bldg., INJURY OCCUR?	•	
O 21 C	O. TIME (Month) (Doy) (Yea	r) (Hour) 21E.	INJURY OCCURRED	21F. HOW DID IN	IJURY OCCUR?	
>	PPROX.)	Whi	le At Not While At Work			
22.	I certify that N (this hospit			August 13	19 65 to A	rought the 1968.
	ot (N) (we) lost sow the deceo		August	-11	that In (my) (our) on	inion death occurred an the date
	hour and from the couses s		, (	/		
	. SIGNATURE/	0			•	238. DATE SIGNED
	11 wander	K. T	M.D. Atte	mding Med. Director	Stoff Phys.	Jugus 14, 1961
230	PHYSICIAN'S NAME (Type)	1 2		23D. ADDRESS		
	Alexand	er K.	1M M.D.	BON SECOL	25 Hosp.	Balt. 23
24A. BL	JRIAL CREMATION, 248, DATE	24C. NA	ME of CEMETERY OF CRI	MATORY 24D.	LOCATION	city, town, or county) (Stote)
	EMOVAL (Specify)	65 No.	Cothodas	Comotom	Roll+i	Ma
25A. D.	Surial 8/17/	25B. NAME C	w Cathedral	25C. FUNERAL DIRECTO	Baltimore,	ADDRESS
Δ	UG 1 7 1965 A D	4 8 Fa	DEUHA.	Raymond C.	Fink G	len Burnie, Md.
VS 150-	REV. 1/1/65				· · · · · · · · · · · · · · · · · · ·	



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FRANTY SOUTHER HOSPITAL BALTIMORE

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JOHNE V DEL DILAR

PERNYLLY SOURCE HOSPITHL

H-400

BIRTH NO.	MED	ICAL EX	CAMINER'S C	ERTIFICATE O	F DEATH Registe	ered No.
M.E. CASE NO.						
1. NAME OF DE (Type or Print)	CEASED			2. DATE	AND HOUR PRONOUNC	ED DEAD
		JAMES	HILL		8-15-65	11:40 A. N
3. PLACE IN BAL	TIMORE MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (WI	here deceased lived. II inst B. COL	itution: residence belare admissio
FULL NAME OF	(IF NOT IN HOSPITA	AL OR INSTITU	JTION, GIVE STREET	District of		
HOSPITAL OR	ADDRESS OR LOCA	(TION)		C. CITY OR TOWN (If as	utside corporate limits, write	RURAL and give township)
2				Washington		V-44
SOUTH I	BALTIMORE GENE	ERAL HOS	SPITAL - DOA	D. STREET ADDRESS (If	rural, give location)	
				2505 "N" St	reet, S.E.	
5. SEX	6. RACE	7. MARRIED,	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. II Under 24 Hr
Male	White		DIVORCED(specify) r married	2/16/1916	49	Months Days Hours Min.
				11. BIRTHPLACE (State or f		12. CITIZEN OF
one during most of	working life, even if retired)					WHAT COUNTRY?
3. FATHER'S NA	ction work			Maryland 14. MOTHER'S MAIDEN N	AAAE	U.S.A.
	s M. Hill			Agnes A.	Boarman	
	ED EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORMANT		ADDRESS
No	No		577 12 110	2 J. Carl	Hill Bro. Wo	odbridge, Va.
18. 4. 0	0 /		CALLSE	OF DEATH		INTERVAL BETWEEN
TX	01/1		CAOSE	OI DEATH		ONSET AND DEATH
DISEA	LEADING TO DEATH	RECTLY				
(This does	not mean the made of e, asthenia, etc. It means		(A) Hyper	ctensive and ar	terioscleroti	.c
injury or co	e, asthenio, etc. It means amplication which coused	deoth.)				
150			cardi	lovascular dise	ease with rece	nt
	OR CONDITIONS, IF A		(B) and c	old coronary oc	clusion	
RISE TO TH	HE ABOVE CAUSE (A) ST	TATING THE	DOF 10			
_	ING CONDITION LAST.		(C)			
OTHER SIG						
OTHER SIC	II SNIFICANT CONDITIONS	CONTRIBUTII	NG			
_ 10 1111	DEATH BUT NOT REI	LATED TO T	HE			
	F OPERATION 198, CON		WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 208, IF YES, WERE FIL	NDINGS CONSIDERED
0 7,	WAS PER			20/11/10/01/11/100 0/	IN CERTIFYING CAU	
21A EXTERNA	AL CAUSE WAS	21 R	PLACE OF INTURY (a.c.	in or obout 21C. WHERE DI	D III is Baltimara City of	un avest Ingetion)
UNDERLYING	OR CONTRIB-	home etc.)	, form, loctory, street,	office bldg., INJURY OCCUR	?	VE BXOCI IOCONON
	USE OF DEATH.	616,7				
21 D TIME OF INJURY	(Month) (Doy) (Year	r) (Hour) 2	IE. INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
(APPROX.)		- 1	WHILE AT NOT	WHILE		
22.		m. Iv				
	rtify that I held on I				this bosis, deoth in n	
resu	Ited from: Natural co	uses A	Accident Suicid	e Homicide	Undetermined monne	er 🗌
		/ .		CHIEF MEDICAL	EXAMINER X	•
ACTUA		Parke	/	ASSISTANT MEDICAL	FXAMINER	DATE SIGNED
SIGNAT	1/ '	0700	M. D.	ASSOCIATE MEDICAL		0 16 65
EXAMII NAME (		S. FISH	HER, M.D.	ASSOCIATE MEDICAL	. EXAMINER [	8-16-65
3A. BURIAL CRI	EMATION, 23B, DATE		C. NAME OF CEMETERY	CREMATORY 23	D. LOCATION (City,	town, or county) (State)
Burial						
			Cedar Hill		Suitland, 1	Md.
	BY HEALTH DEPT.		OF REGISTRAR	24C. FUNERAL DIREC	TOR	ADDRESS
AUG 1	7 1965 1200	B. E. F.	Liber 19.11			-4th St. N.E.
		7		Wash. 2 I	0.6.	
VS 151-REV. 1/1	/60	5	from E & 3	0 7 0 0	{ }	

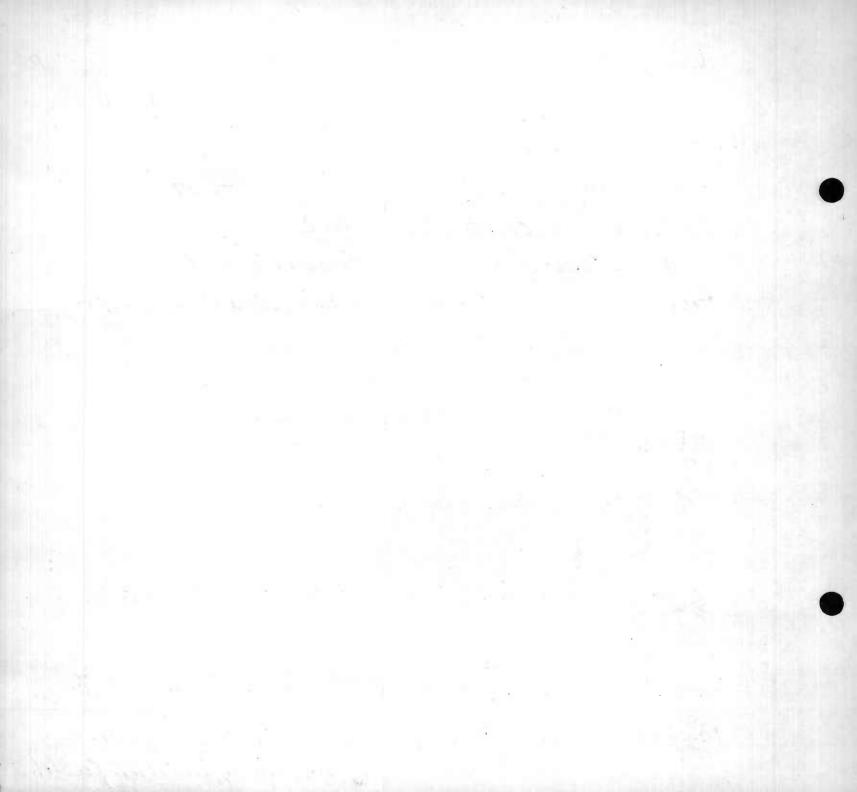
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BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.5 8486

M.	E. CASE NO.							00000
1.	NAME OF DEC	EASED				2. DATE AN	D HOUR PRONOUNC	ED DEAD
,	pc 0,,	Andrew PE	YTON			8/1	4/65	5.20 p M.
3.	PLACE IN BALT	TIMORE, MARYLAND, W	HERE PRONOL	INCED DEAD	4. USUAL RESI	DENCE (Where	deceased lived. If inst	titution: residence before admission)
FU HC	LL NAME OF	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITU	TTON, GIVE STREET	M.	arvland		Baltimore e RURAL and give township)
					E	ssex (2	21)	53-00
-		City Hosp.	DOA		D. STREET ADI			
						2 Homber		
5. :	EX	6. RACE		NEVER MARRIED DIVORCED(specify)	8. DATE OF BIR	тн	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Manths, Days, Hours, Min.
	male	white		ried	July 13	, 1895	70	
		JPATION (Give kind of wor working life, even if refired)	NOR KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE	(State or foreig	gn country)	12. CITIZEN OF WHAT COUNTRY?
-	Farm Hai		Far	m	Vi	rginia		USA
13.	FATHER'S NAM	NE .			14. MOTHER'S	MAIDEN NAM	E	
	E	phram Peyton			Mary	y Breebi	in	
		D EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORMANT			ADDRESS
(16:	No	(If yes, give wor ar date	es di servicei	228 07 8088	Evelyn I	Razman	Same	
-	18. //				OF DEATH	ayner	Danie	INTERVAL BETWEEN
	7 3	K1/1		CAOSE	OF BEATH			ONSET AND DEATH
	DISEAS	SE OR CONDITION DI LEADING TO DEATH	RECTLY	A 4				
	(This daes	not mean the made of	dying e.g.	(A)Arter:	loscleror	ic card	iovascular d	11sease
		, asthenio, etc. It means mplication which caused						
		ANTECENDENT CAUS	ec					
		OR CONDITIONS, IF		(B)DUE TO			••••••	
	RISE TO TH	E ABOVE CAUSE (A) S		501.10				
z	0			(C)				
2		11	3512			RILLER		
5		NIFICANT CONDITIONS DEATH BUT NOT RE						
HE		R CONDITION CAUSING					o	
CERTIFICATION	19A. DATE OF		IDITION FOR V	WHICH OPERATION	No.	Y? (Yes ar No)	IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
X		L CAUSE WAS	21 B.	PLACE OF INJURY (e.g., , form, factory, street, o	in or about 21C.	WHERE DID	(If in Boltimare City, gi	ive exoct location)
MEDICAL		SE OF DEATH.	etc.)	, rom, ractory, street, c	inice bidg., INJU	RT OCCUR?		
ME	21 D TIME	(Month) (Doy) (Yea	r) (Hour) 2	TE. INJURY OCCURRED	21 F.	HOW DID INJ	URY OCCUR?	
	OF INJURY	17.011.11			WHILE			
	22.		m. V	VHILE AT NOT	ORK			
		tify that I held on	Inquiry 🗌	Inspection Aut	opsy O	nd that on th	is bosis, deoth in a	my opinion
	resul	ted fram Natural ca	uses X A	ccident Ducid	e Homie	cide 🗌	Undetermined monn	er
		1/.1	20 8		CHIEF	MEDICAL EX	XAMINER	
	ACTUA	L / //X	1011	1.414	ASSISTANT			8 PAJE SIGNED
	SIGNAT		10-10	M-00 M.D.	ASSOCIATE			0/15/05
	EXAMIN NAME (		enecker		ASSOCIATE	MEDICAL E	XAMINEK	
	MOVAL (Specify	MATION, 238 DATE	23	C. NAME OF CEMETERY OF	CREMATORY	23D. I	LOCATION (City	, town, or county) (State)
	Burial	8/18/	65	Belair Memori	al Garder	ns Be	lair. Maryl:	and
24	A. DATE REC'D	BY HEALTH DEPT.	248, NAME	OF REGISTRAR	24C. FUNE	RAL DIRECTO	16/3 eras	ADDRESS
	AUG 1	17 1965 M.O.	e & E . 3	FarleyMA	1	zinski <sup>F</sup>		2400 5
VS	151-REV. 1/1/		4	11/11/2	Druzu2	THSKT -	uneral Home	1407 Eastern Ave.

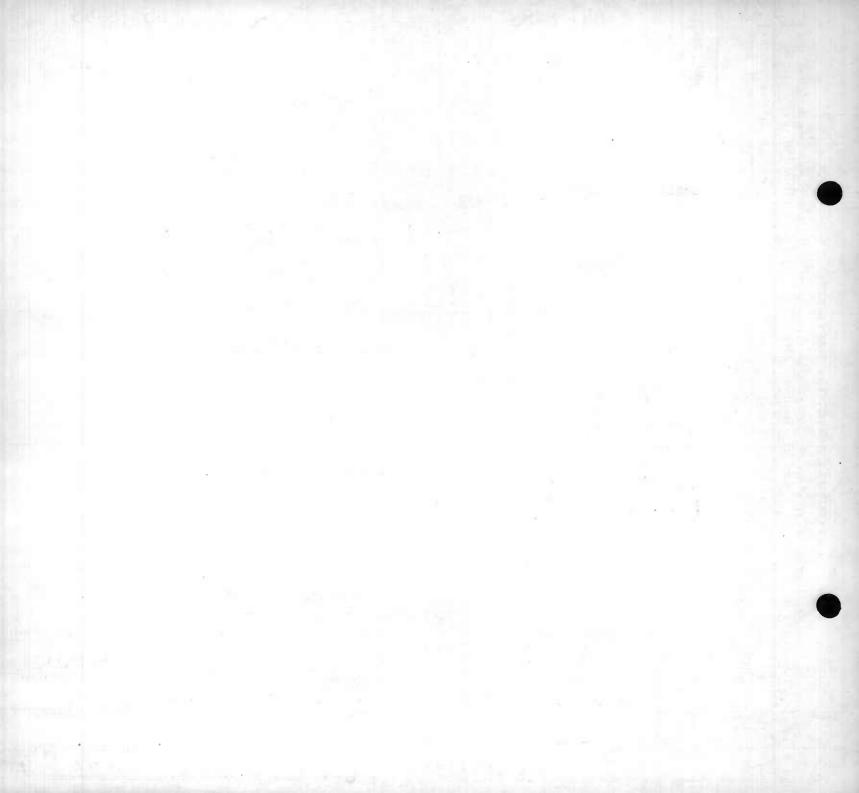
BIRTH I	NO.	65 848	37	CERTIFICA			Registered Na.	65 8487
1. NAN	ASE NO.	ASED			TE OF DI	2. DATE A	ND HOUR OF DEATH	
WZ	NSTEN	FUINSTAD		ARENCE		0	15+ 15, 19	A M
FUL	L NAME OF	address or locatio	ar institution,		A. STATE	and and	NTY	RURAL and give township)
62	y thera	n Haspital Ish burton ore, Md.	St. 21.216	Maryland	D. STREET ADD	ress (If	rural, give location)	
5. SEX	salti m	6. RACE		NEVER MARRIED	B. DATE OF BIRT	Inoma		
M	lale	Negro	WIDOWED	D, DIYORCED (specify)	April 2,	1928	9. AGE (In years lost birthday)	Months Doys Hours Min.
done du	aring most of w	rorking life, even if retired)		tractor	11. BIRTHPLACE		ergn country)	12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FAT	Jali	ter Uhi	stead	e	Em Em	maiden na	Fail	
15. Was (Yes, no	or unknown)	Ever in U. S. Armed For (If yes, give wer or dote	rces? es of service)	16. SOCIAL SECURITY NO.	milton/	Whi.	tal-1700	Lles ove
18.	107	1.31		CAUSE O	F DEATH	~muu	LACITOR TOR	INTERVAL BETWEEN ONSET AND DEATH
(T)		E OR CONDITION DI LEADING TO DEATH II mean the made of		a Tox	ric Pe	ritoni	tis	one week
he	art failure, d jury ar camp	asthenia, etc. It means olication which caused	the disease, death.)	E CONT	testinal	06	struction	
ris	ISEASES O	NTECEDENT CAUSES  R CONDITIONS, il abave cause (A) CONDITION last.	any, giving	TO DUE TO	renital ac	lhesion	s, terminal	ilam
≥   TC	O THE DE	II ICANT CONDITIONS CATH BUT NOT RELACED TO THE CONDITION CAUSING	ATED TO THE	RTIER PER PER PER PER PER PER PER PER PER PER				
		OPERATION 198. CON WAS PER	DITION FOR V	Obstruction	20A. AUTOPSI		20B. IF YES, WERE	FINDINGS CONSIDERED USES OF DEATH?
OR	CONTRIBUT	T WAS UNDERLYING DING CAUSE OF medical examinar		PLACE OF INJURY (o.g., i e, form, foctory, street, o			(If in Boltimore	B City, give exect location)
SOF	INJURY PPROX.)	(Month) (Doy) (Year)		INJURY OCCURRED		W DID IN.	URY OCCUR?	
		hat (1) (this hospital	l) attended th	ne deceased from	lugust 10,	1965	19toA	ugust 15 1965
				August 25			of In (my) (aur) apl	nian death occurred on the date
23A	2. SIGNATUR	nul H.	Forte	//		led.	Stoff Phys.	August 15, 1955
230	NAME (Ty	pe) /	Fontan	/ 6	23D. ADDRESS Lutheran	Hosp	ital , Balt	more, Md. 21216
	URIAL CREMEMOVAL IS		24C.NA	AME of CEMETERY OF CRI	MATORY			ly, town, or county) (Stote)
25A. D.	JG 17	BY HEALTH DEPT.	258 NAME O	Deut A	25C. FUNERAL	L DIRECTO	may 1 1+	ADDRESS Callel
VS 150-	-REV. 1/1/6			<del></del>	0.0.4	1	1/201	to mil



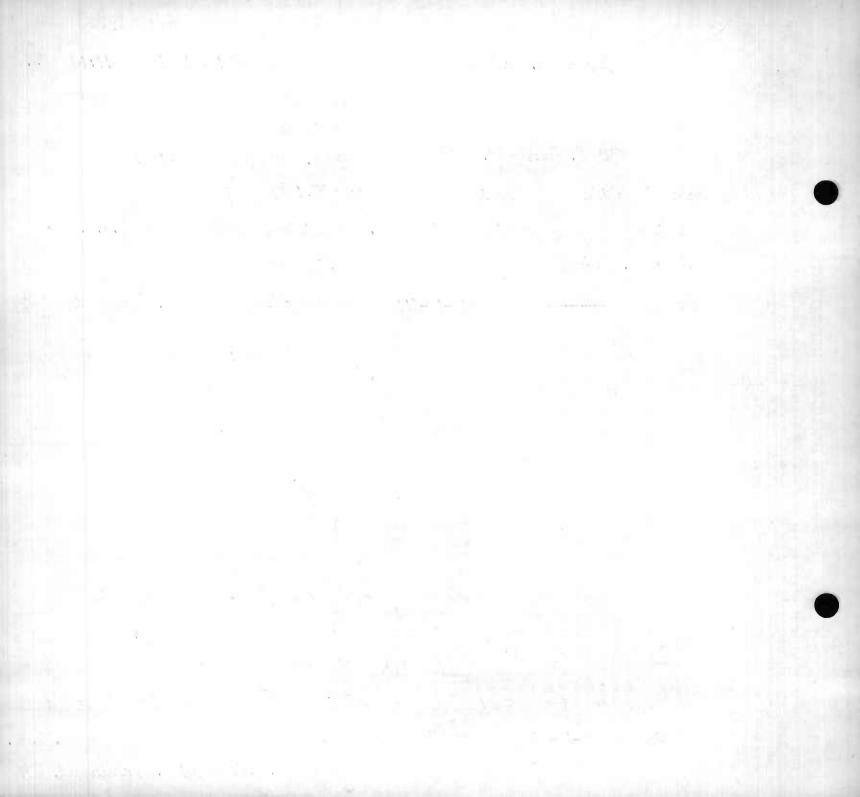
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DIRECTOR:

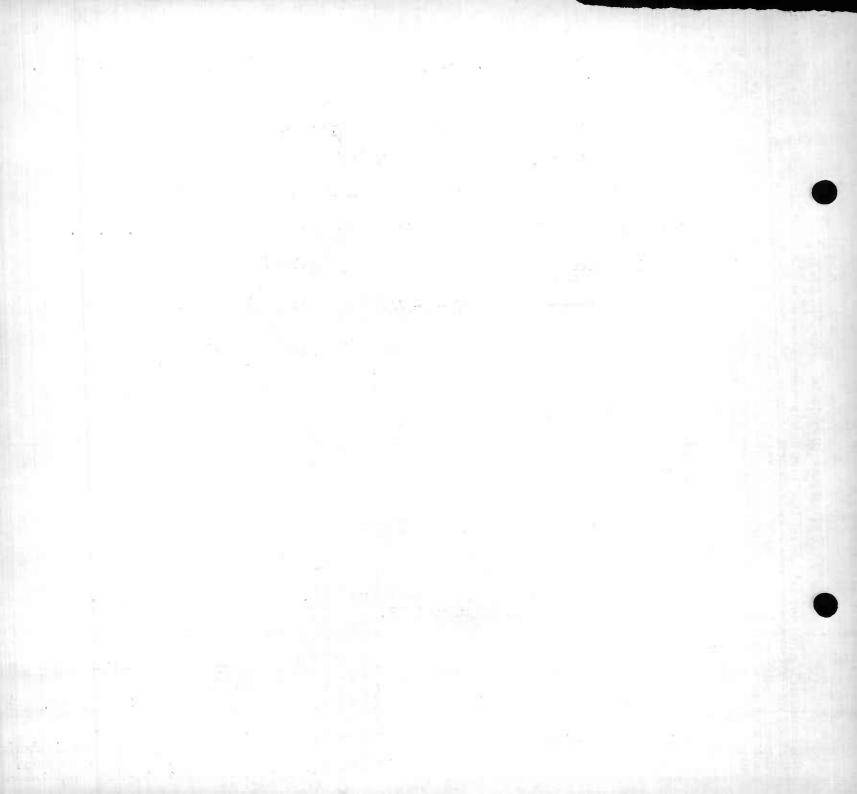
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VS 150-REV. 1/1/65



VS 150-REV. 1/1/65



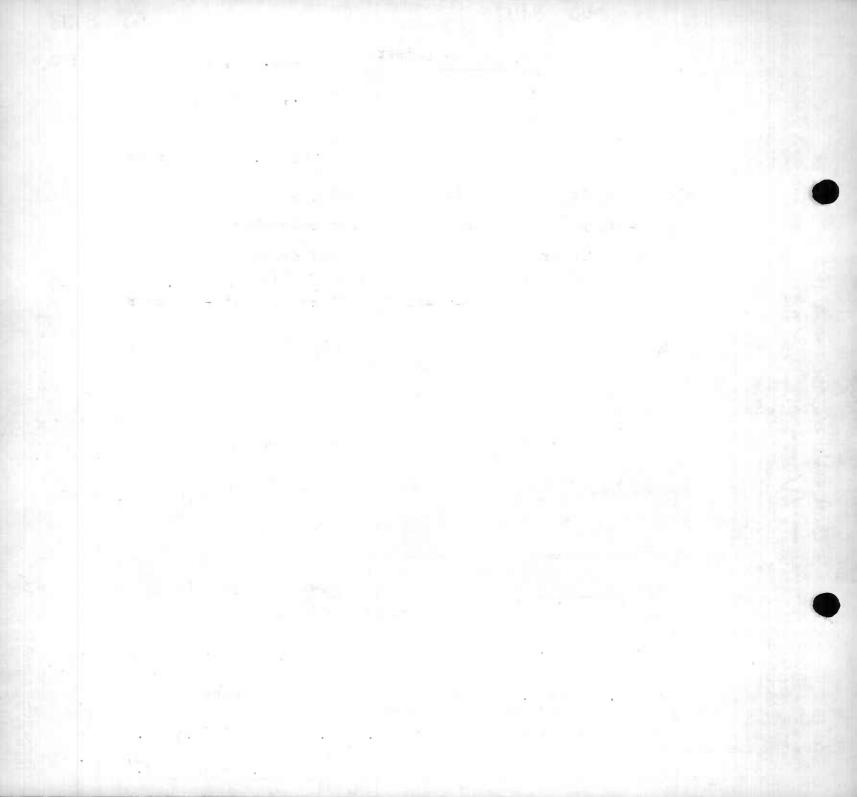
VS 150-REV. 1/1/65

marks - end

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VS 151-REV. 1/1/65

vs 153 signed by licensed funeral director. C. Bowens



Vs 153 signed by funeral director Joseph Foster. C. Bowens Sr. Clk. Typ.

CERTIFIC

oddress or location)

5320 Bosworth Avenue

(If not in hospital or institution, give street

Harry Dawson Mitchell, Jr.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

2. DATE AND HOUR OF	DEATH			
August 13,	1965			
ENCE (Where deceased li	ved. If institution:	residence	before	odmissi

Registered No.65

Maryland Baltimore

C. CITY OR TOWN (If outside city limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rurol, give location)

5320 Bosworth Avenue

5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. WIDOWED, DIVORCED (specify) Hours lost birthdoy Male White Married

10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY May 29, 1895 70 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Baltimore U.S.A. Salesman-manger 13. FATHERS NAME 14. MOTHER'S MAIDEN NAME

CAUSE OF DEATH

Harry D. Mitchell

3. PLACE OF DEATH IN BALTIMORE, MARYLAND

BIRTH NO.

M.E. CASE NO. (Type or Print)

FULL NAME OF

HOSPITAL OR

INSTITUTION

Such

eat ance (2) cause

0

0

Deceased the

HO

of death

Nellie Horn

ADDRESS

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) Yes WW 1

17. INFORMANT 6. SOCIAL SECURITY NO. Elizabeth Mitchell 5320 Bosworth Avenue 212-03-0793

INTERVAL BETWEEN

3 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death,)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if ony, giving the obove couse (A) stofing the UNDERLYING CONDITION lost.

ONSET AND DEATH PR PULMONALE TRONIC EMPHYSEMA

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(Month) (Doy) (Year)

19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED

20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? OR CONTRIBUTING CAUSE OF DEATH (notify medical examined

(Hour)

(If in Boltimore City, give exact location)

21 E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?

MEDICAL 21 D. TIME OF INJURY Not While ( While At (APPROX) At Work Work

22. I certify that (I) (this hospital) attended the deceased from 65 that (1) (we) last sow the deceased alive on. and that in (my) (our) opinion death occurred on the date

and hour and from the couses stated obave. (1) (We) (did) (did not) view the body ofter death.

	4 (	- ,		,
23A. SIGNATURE	10000		/	
marrian	Loldstein	M.D.	Attending Phys.	Med. Director

23D. ADDRESS

Stoff

Phys.

24A. BURIAL CREMATION, 248. DATE REMOVAL (Specify)

24C. NAME of CEMETERY OF CREMATORY

24D. LOCATION

8/16/65 Woodlawn Cemetery 258. NAME OF REGISTRAR

PUNERAL DIRECTOR Ellsworth Armacost 4600 Liberty Heights

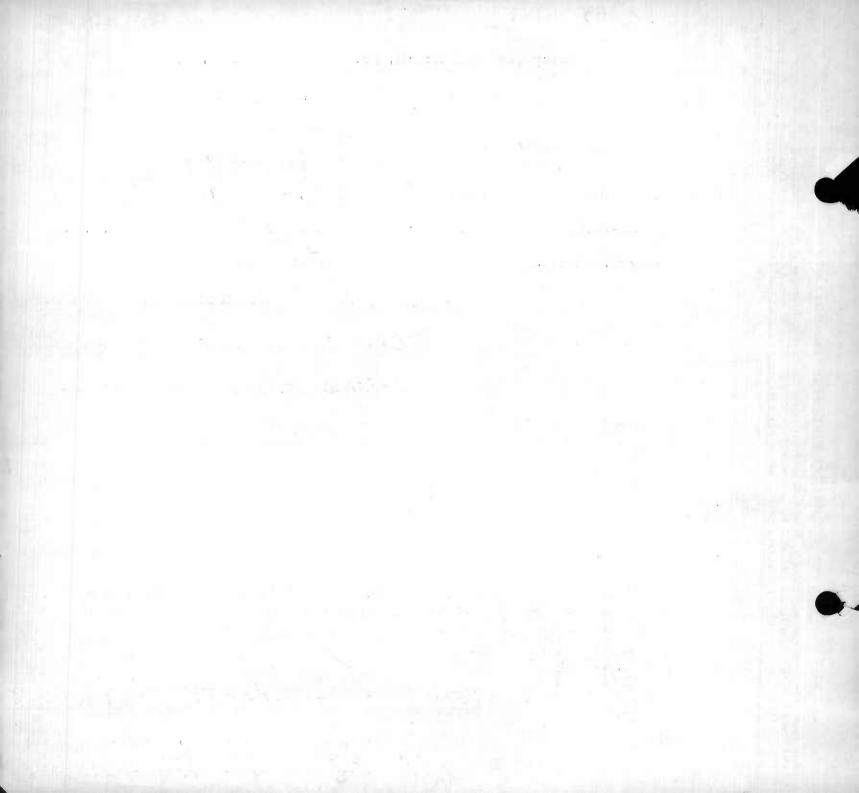
Baltimore, Maryland

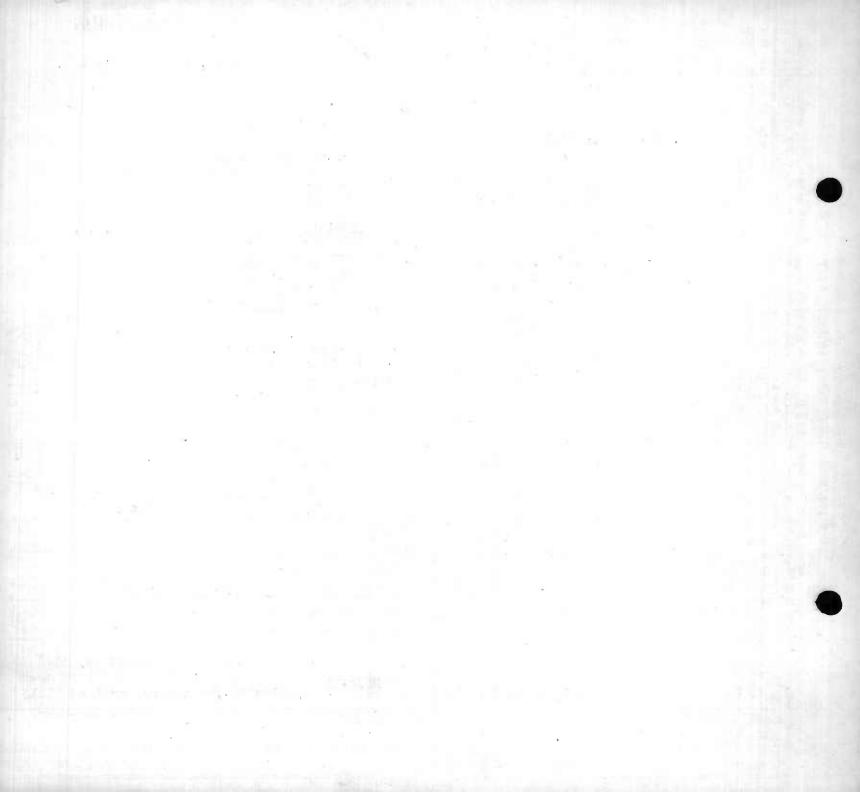
23 C. PHYSICIAN'S

NAME (Type

VS 150-REV, 1/1/65

23B, DATE SIGNED





South Carolina

Adolphus Halstead 1206 W North Ave

ADDRESS

24C. FUNERAL DIRECTOR

8/20/65

24A. DATE REC'D BY HEALTH DEPT.

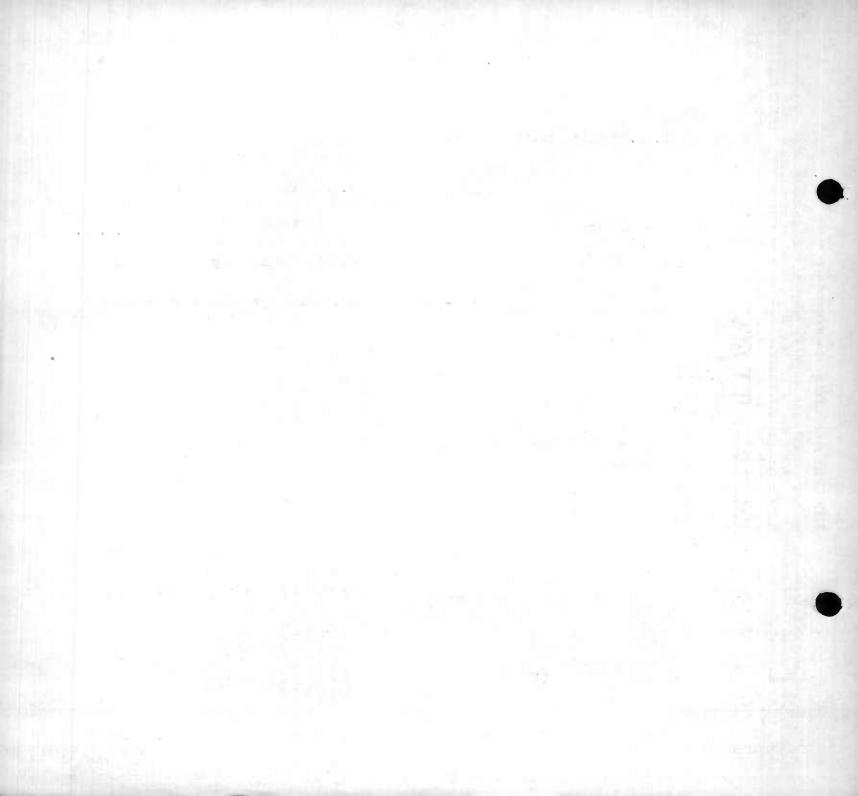
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Dillon

Jankey Fall

248, NAME OF REGISTRAR

Man Talan Devil Her Bell State of the Control of th



FUNERAL DIRECTOR: IMPORTANT

· · / P	AME OF DEC		Lionalia			D HOUR OF DEATH	
2 8	DI ACE OF DE	Edgar 0.				ust 14, 1969	
3. F	PLACE OF DE	ATH IN BALIMORE, MA	KILAND		A. STATE B. COUN		stitution: residence before offm
F	FULL NAME C		or institution,	give street	Maryland		3-0/3
	HOSPITAL OR	oddiess or location			C. CITY OR TOWN (If our	tside city limits, write R	(URAL ond give township)
5		Sinai Hospit	aı		Baltimore D. STREET ADDRESS (If	iural, give location)	
-							3
5. S	FY	6. RACE	7 AAAPPIED	NEVER MARRIED		d Spring Lar	II Hada, 1 V. If Hada, 2
	Male	White	Ma	D, DIVORCED (specily)	Dec. 2, 1911	lost bighday)	Months Doys Hours
		UPATION (Give kind of work working lile, even if retired)	10B. KIND OI	BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stote or fore	gn country)	12. CITIZEN OF WHAT COUNTRY?
2011	Attend		Gas	Station	Maryland		
13. [	FATHER'S NA	ME	-		14. MOTHERS MAIDEN NA	ME	
	Ferd	Warnken			Eleanor By	ron	
15. \	Wos Deceased	Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT	2625 W.	Cold Spring La
(1 e s	Yes	World War		SECURITY NO.	Mrs. Osma Warnk	en Baltimon	re. Maryland 1
		MOITU WAI	11		OF DEATH	Darouno.	INTERVAL BETWEE
	18.4 2 DISEA	C ON CONDITION ST	TCTI V	CAUSE	J. JEATH		ONSET AND DEAT
	DISEA	SE OR CONDITION DIR LEADING TO DEATH	CCILT	1.	onary occlus	1	1 hour
	DISEASES	nplication which coused ANTECEDENT CAUSES OR CONDITIONS, if	ony, giving				
NOI	DISEASES (isse to the UNDERLYING	ANTECEDENT CAUSES  OR CONDITIONS, if e obove couse (A) G CONDITION last.	ony, giving sloling the	(C)			
ATI	DISEASES ( iise to th UNDERLYING  OTHER SIGN TO THE D DISEASE OR	ANTECEDENT CAUSES  OR CONDITIONS, if e obove couse (A) G CONDITION last,  II IFICANT CONDITIONS C IEATH BUT NOT RELA CONDITION CAUSING I	ony, giving sloting the CONTRIBUTIN TED TO THE	(C)			
ERTIFICATION	DISEASES ( iise to th UN DERLYING  OTHER SIGN TO THE D DISEASE OR  19A. DATE OF	ANTECEDENT CAUSES OR CONDITIONS, if e obove couse (A) G CONDITION fast,  IFICANT CONDITIONS C EATH BUT NOT RELA CONDITION CAUSING I FOREATION 198. CON WAS PERI	ony, giving sloting the CONTRIBUTIN TED TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL THE TOTA	G IE WHICH OPERATION	20 A. AUTOPSY? (Yes or No	208, IF YES, WERE F	FINDINGS CONSIDERED USES OF DEATH?
CAL CERTIFICATI	DISEASES ( iise to th UN DERLYING  OTHER SIGN TO THE D DISEASE OR  19A. DATE OF  21A. ACCIDE OR CONTRIBE	ANTECEDENT CAUSES  OR CONDITIONS, if e obove couse (A) G CONDITION last.  II IFICANT CONDITIONS C FEATH BUT NOT RELA CONDITION CAUSING I FORERATION [198. CON	ony, giving sloling the CONTRIBUTIN TED TO THE TO THE TO THE TOTAL	G WHICH OPERATION  PLACE OF INJURY (e.g., e., foim, foctory, street, e.		208, IF YES, WERE F	FINDINGS CONSIDERED
DICAL CERTIFICATI	DISEASES ( iise to th UN DERLYING  OTHER SIGN TO THE D DISEASE OR  19A. DATE OF  21A. ACCIDE OR CONTRIBE	ANTECEDENT CAUSES OR CONDITIONS, if e obove couse (A) G CONDITION last.  IFICANT CONDITIONS COMMENT OF THE CONDITION CAUSING TO THE CONDITION CAUSE OF THE CAUSE OF THE CONDITION CAUSE OF THE CA	ony, giving sloling the CONTRIBUTIN STED TO THE T. DITION FOR STORMED 21B hometc.	G IE WHICH OPERATION  PLACE OF INJURY (e.g., e., foim, foctory, street, e.)  INJURY OCCURRED	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	20B. IF YES, WERE F IN CERTIFYING CAL	FINDINGS CONSIDERED USES OF DEATH?
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